Pharmacy Drug Policy & Procedure

Policy Name:	Apomorphine Hydrochloride (apomorphine HCL subcutaneous, Apokyn Subcutaneous	Policy #:	1072P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of apomorphine, Apokyn.

Statement of the Policy

Health Alliance Medical Plans will approve the use of apomorphine, Apokyn under the specialty pharmacy benefit when the following criteria have been met

Criteria

1. Treatment of Parkinson's Disease

1.1 Current treatment with at least one anti-Parkinson's agent
1.2 Hypomobility "off" episodes or unpredictable on/off episodes
1.3 Documented failure of levodopa dose modification such as shortening of dosing interval
1.4 Documented failure, intolerance, or contraindication to a dopamine agonist such as pramipexole, ropinirole
1.5 Documented failure, intolerance, or contraindication to the use of a catechol-O-methyltransferase inhibitor such as entacapone or tolcapone
1.6 Documented failure, intolerance, or contraindication to the use of a monoamine oxidase-B inhibitor such as rasagiline or selegiline
1.7 Documentation indicating Apokyn will **NOT** be used concomitantly with a 5HT3 antagonist such as ondansetron

2. Approval Period

2.1 Initial Approval: 12 months
2.2 Reapproval: 2 years with documented benefit from therapy

References

1. Apokyn (apomorphine) [prescribing information]. Rockville, MD: MMD US Operations LLC; June 2022.
2. Fox SH, Katzenschlager R, Lim SY, et al. International Parkinson and movement disorder society evidence-based medicine review: Update on treatments for the motor symptoms of Parkinson's disease. Mov Disord. 2018 Aug;33(8):1248-1266.
3. Pringsheim T, Day G, Smith D, et al on behalf of the Guideline Subcommittee of the AAN. Dopaminergic Therapy for Motor Symptoms in Early Parkinson Disease Practice Guideline Summary A Report of the AAN Guideline Subcommittee. Neurology. Nov 2021, 97 (20) 942-957.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.