Clinical Policy: Apomorphine (Apokyn)

Reference Number: PA.CP.PHAR.488
Effective Date: 07/2020
Last Review Date: 07/2024

Description
Apomorphine (Apokyn®) is a non-ergoline dopamine agonist.

FDA Approved Indication(s)
Apokyn is indicated for acute, intermittent treatment of hypomobility, "off`" episodes ("end-of-dose wearing off" and unpredictable "on/off" episodes) associated with advanced Parkinson's disease.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria

It is the policy of PA Health & Wellness® that Apokyn is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Parkinson's Disease (must meet all)**:**

1. Diagnosis of Parkinson's disease;
2. Prescribed by or in consultation with neurologist;
3. Prescribed concurrently with an anti-Parkinson agent (e.g., levodopa/carbidopa, dopamine agonists [e.g., ropinirole], catechol-O-methyl transferase [COMT] inhibitors [e.g., tolcapone], monoamine oxidase type B [MAO-B] inhibitors [e.g., rasagiline]);
4. Member is experiencing hypomobility episodes at the end of the dosing interval or is experiencing unpredictable hypomobility ("on/off") episodes (*see Appendix D*);
5. Dose does not exceed the following (a, b and c):
   a. 0.6 mL (6 mg) per injection;
   b. 5 injections per day;
   c. 2 mL (20 mg) per day.

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. Parkinson's Disease (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed the following (a, b and c):

a. 0.6 mL (6 mg) per injection;
b. 5 injections per day;
c. 2 mL (20 mg) per day.

Approval duration: 12 months

B. Other diagnoses/indications(must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
COMT: catechol-O-methyl transferas
FDA: Food and Drug Administration
MAO-B: monoamine oxidase type B

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Concomitant use with $5HT_3$ antagonists, including antiemetics (e.g., ondansetron, granisetron, dolasetron, palonosetron) and alosetron
  - Hypersensitivity/allergic reaction to apomorphine or to any of the excipients, including a sulfite (i.e., sodium metabisulfite); angioedema or anaphylaxis may occur
- Boxed warning(s): none reported

Appendix D: General Information

- Based on reports of profound hypotension and loss of consciousness when apomorphine was given to patients receiving ondansetron, the concomitant use of apomorphine with drugs of the 5-HT_3 antagonist class is contraindicated. These drugs should not be used to prevent or treat apomorphine-induced nausea and vomiting.
- Apomorphine induces nausea and vomiting. Patients should be pretreated with trimethobenzamide 300 mg orally three times a day for three days prior to beginning apomorphine therapy. The manufacturer recommends continuing trimethobenzamide as long as necessary to control nausea and vomiting, and generally no longer than two months.. However, the length of concomitant therapy in trials varied

- Off time/episodes represent a return of Parkinson's disease symptoms (bradykinesia, rest tremor or rigidity) when the L-dopa treatment effect wears off after each dosing interval.
- Parkinson's disease symptoms, resulting from too little levodopa (L-dopa), are in contrast with dyskinesia which typically results from too much L-dopa. The alterations between "on" time (the time when Parkinson's disease symptoms are successfully suppressed by L-dopa) and "off" time is known as "motor fluctuations".
- The addition of carbidopa to L-dopa prevents conversion of L-dopa to dopamine in the systemic circulation and liver.

V. Dosage and Administration

Drug Name	Dosing Regimen	Maximum Dose
Apomorphine (Apokyn)	0.2 mL (2 mg) SC initial test dose. If patient tolerates and responds, starting dose should be 0.2 mL (2 mg) used on an as needed basis to treat "off" episodes. If needed, may increase dose by 0.1 mL (1 mg) increments every few days; Doses must be separated by at least 2 hours	0.6 mL (6 mg)/dose, 3 injections/day, max of 2 mL (20 mg)/day

VI. Product Availability

Drug Name	Availability
Apomorphine (Apokyn)	Multi-dose glass cartridge solution for injection: 30 mg/3 mL (10 mg/mL) with a multiple-dose pen injector

VII. References

1. Apokyn Prescribing Information. Louisville, KY: US WorldMeds, LLC.; June 2022. Available at: www.apokyn.com. Accessed May 10, 2024.
2. Pahwa R, Factor SA, Lyons KE, et al. Practice Parameter: Treatment of Parkinson disease with motor fluctuations and dyskinesia (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2006; 66:983-995.
3. Micromedex® Healthcare Series [Internet database]. Greenwood Village, CO: Thompson Healthcare. Updated periodically. Accessed May 17, 2023.
4. Suchowersky O, Reich S, Perlmutter J, et al. Practice Parameter: diagnosis and prognosis of new onset Parkinson disease (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2006;66: 968-975.
5. Clarke CE, Patel S, Ives N, et al.; Clinical effectiveness and cost-effectiveness of physiotherapy and occupational therapy versus no therapy in mild to moderate Parkinson's disease: a large pragmatic randomized controlled trial (PD REHAB). Southampton (UK): NIHR Journals Library; 2016 Aug. No. 20.63.
6. Fox SH, Katzenschlager R, Lim S, et al. International Parkinson and Movement Disorder Society evidence-based medicine review: Update on treatments for the motor symptoms of Parkinson's disease. Movement Disorders; 2018. Published online in Wiley Online Library. DOI: 10.1002/mds.27372.
7. Pringsheim T, Day GS, Smith DB, et al. Dopaminergic therapy for motor symptoms in early Parkinson disease practice guideline summary: a report of the AAN guideline subcommittee. Neurology 2021;97:942-957.

Coding Implications
Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J0364	Injection, apomorphine hydrochloride, 1 mg

Reviews, Revisions, and Approvals	Date
Policy created	07/2020
3Q 2021 annual review: added criteria for new formulation Kynmobi; references reviewed and updated.	07/2021
3Q 2022 annual review: no significant changes; updated language in section I from "or" to "and" for dose limits; references reviewed and updated.	07/2022
3Q 2023 annual review: no significant changes; references reviewed and updated.	07/2023
Remove Kynmobi since on PA Statewide PDL	01/2024
3Q 2024 annual review: no significant changes; references reviewed and updated.	07/2024