Apokyn® (apomorphine)

**Last Review Date:** April 8, 2020  
**Number:** MG.MM.PH.131

**Medical Guideline Disclaimer**
Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, (“EmblemHealth”) has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated, GHI HMO Select, ConnectiCare, Inc., ConnectiCare Insurance Company, Inc. ConnectiCare Benefits, Inc., and ConnectiCare of Massachusetts, Inc. related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

**Definition**
Apokyn (apomorphine) is indicated for the acute, intermittent treatment of hypomobility, “off” episodes (“end of dose wearing off” and unpredictable “on/off” episodes) associated with advanced Parkinson’s disease.

**Length of Authorization**
Coverage will be provided for 6 months and may be renewed.

**Dosing Limits**

Max Units (per dose and over time) [Medical Benefit]:
- 4 boxes (60 ml) per month

**I. INITIAL APPROVAL CRITERIA**

*Apokyn may be considered medically necessary if one of the below conditions are met AND use is consistent with the medical necessity criteria that follows:*

1. **Parkinson’s Disease**
   a. Patient is 18 years of age or older
   b. Patient has a clinically documented diagnosis of advanced Parkinson’s disease
   c. Patient is using as an adjunct to other anti-parkinsonian medications and not as first line treatment.
   d. Patient must be on levodopa and at least one other agent (amantadine, entacapone, selegiline, or tolcapone)
e. Patient has clinically documented acute, intermittent hypomobility, “off” episodes.

f. Anti-emetic must be started 3 days prior to beginning treatment. Trimethobenzamide is the only antiemetic that has been studied and can be used with Apokyn.

Limitations/Exclusions
Based on the maximum daily dose (0.6 ml per dose, max of 2 ml per day) Apokyn will be limited to a quantity of 4 boxes (60ml) per month.

II. RENEWAL CRITERIA
Same as initial approval criteria.

Dosage/Administration

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkinson’s Disease</td>
<td>- 0.2 mL SC initial test dose. If patient tolerates and responds, starting dose should be 0.2 mL 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.</td>
</tr>
</tbody>
</table>

Applicable Procedure Codes

| J0364 Injection, apomorphine, 1 mg, 1 billable unit = 1 mg |

Applicable NDCs

| 27505-0004-xx Apokyn 10mg/1ml solution in 3 ml (30 mg) glass cartridge |

Applicable Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G20</td>
<td>Parkinson’s Disease</td>
</tr>
</tbody>
</table>

Revision History

| 04/08/2020 | Updated Age Restriction per FDA Label |

References