



Prior Authorization Approval Criteria

Apokyn (apomorphine hydrochloride)

Generic name:	apomorphine hydrochloride
Brand name:	Apokyn
Medication class:	Dopamine receptor agonist (D2)
FDA-approved uses:	Acute, intermittent treatment of hypomobility, "off" episodes associated with advanced Parkinson's disease
Usual dose range:	1-2 mg; titrate to maximum of 6 mg
Duration of therapy:	Indefinite

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- To be used as an adjunct to other anti-Parkinsonian medications and not as a first line agent.
- Clinically documented advanced Parkinson's disease.
- Clinically documented acute, intermittent hypomobility; "off" episodes
- Documentation of number and frequency of "off" episodes must be provided
- Patient must be on levodopa and at least one other agent (amantadine, selegiline, entacapone or tolcapone)
- Antiemetic must be started 3 days prior to beginning treatment. Trimethobenzamide (see **Special considerations**) is the only antiemetic that has been studied and can be used with Apokyn.

Contraindications:

- Concomitant use of 5HT3 antagonists such as ondansetron (Zofran), granisetron (Kytril), dolasetron (Anzemet), palonosetron (Aloxei), and alosetron (Lotronex) can result in profound hypotension and loss of consciousness.
- Hypersensitivity to apomorphine or any of its components.
- Sulfa allergy.

Not approved if:

- Patient does not meet the above-stated criteria.
- Patient has had a test dose and developed clinically significant orthostatic hypotension.
- Being used as monotherapy as a first line agent.
- The patient has any contraindications to the use of Apokyn.

Special considerations:

Trimethobenzamide 300 mg t.i.d. for 3 days prior to beginning Apokyn, and continued for up to 6 weeks or indefinitely, as long as required. Apomorphine is a potent emetic.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 11/12/04