Pharmacy Policy Bulletin: J-0547 Apomorphine Products - Commercial and Healthcare Reform	
Number: J-0547	**Category:** Prior Authorization
Line(s) of Business: ☒ Commercial ☒ Healthcare Reform ☐ Medicare	**Benefit(s):** **Commercial:** **Prior Authorization (1.):** **1.** Miscellaneous Specialty Drugs Injectable = Yes w/ Prior Authorization **Healthcare Reform:** Not Applicable
Region(s): ☒ All ☐ Delaware ☐ New York ☐ Pennsylvania ☐ West Virginia	**Additional Restriction(s):** None
Version: J-0547-012	**Original Date:** 05/10/2017
Effective Date: 07/18/2025	**Review Date:** 05/25/2025

Drugs Product(s):	• Apokyn (apomorphine hydrochloride) injection • Onapgo (apomorphine hydrochloride) injection
FDA-Approved Indication(s):	○ Apokyn ○ Acute, intermittent treatment of hypomobility, “off” episodes (“end-of-dose wearing off” and unpredictable “on/off” episodes) associated with advanced Parkinson’s disease • Onapgo ○ Treatment of motor fluctuations in adults with advanced Parkinson’s disease

Background:	• Apomorphine is a non-ergoline dopamine agonist. The exact mechanism of action is unknown but it is believed to be due to the stimulation of post-synaptic dopamine D_2-type receptors. • Apokyn is different from Onapgo as it is administered by SC injection with a multiple-dose pen injector. Onapgo uses a continuous, under-the-skin infusion to deliver apomorphine. • Patients with advanced Parkinson’s disease may experience a condition characterized by hypomobility, or “off” episodes, which occur when carbidopa/levodopa has worn off and may consist of tremor, slowness, stiffness, difficulty walking or moving, and trouble getting around. Apokyn is not used to prevent “off” episodes but may improve movement control. • There are approximately 350,000 people in the U.S who experience “off” episodes related to Parkinson’s disease. • For the treatment of motor fluctuations including off-episodes, the 2018 International Parkinson and Movement Disorder Society (IPMDS) recommends adjusting the timing of levodopa to a shorter time interval, improving absorption by taking levodopa on an empty stomach, and treating constipation to improve gastrointestinal transit. The guidelines also recommend addressing “off” episodes with adjunctive medications. • The guidelines classify the use of subcutaneous apomorphine as “clinically useful” for motor fluctuations, particularly for “off” periods that require rapid reversal. • IPMDS guidelines state that using dopamine agonists, COMT inhibitors, or MAO-B

	inhibitors as adjunct therapy to levodopa is an effective approach. Comtan (entacapone) is a clinically useful COMT inhibitor and Azilect (rasagiline) is a clinically useful MAO-B inhibitor. Ropinirole and pramipexole are considered clinically useful dopamine agonists according to the guidelines. The role of selegiline formulations remains investigational due to low quality studies. First line treatments for motor fluctuations as an adjunct to oral levodopa should be oral or transdermal agents followed by parenteral and surgical techniques for more advanced patients. • Prescribing Considerations: ○ Apomorphine is intended to be used as adjunctive therapy with other anti-Parkinson agents. ○ Antiemetic therapy (e.g. trimethobenzamide) is recommended to be given 3 days prior to initiation and continued only as long as necessary and generally no longer than 2 months. ○ Doses of Apokyn should be separated by at least 2 hours and only one dose should be given for a particular "off" episode.

Approval Criteria

I. Apokyn

A. Initial Authorization

When a benefit, coverage of Apokyn (apomorphine) may be approved when all of the following criteria are met **(1. through 7.):**

1. The member has a diagnosis of Parkinson's disease (ICD-10: G20).
2. The member's Parkinson's disease is classified as advanced.
3. The member is using Apokyn (apomorphine) for the acute, intermittent treatment of "off" episodes.
4. The member is experiencing "off" episodes despite an optimally dosed oral carbidopa/levodopa regimen.
5. The member has experienced therapeutic failure, intolerance, or contraindication to both of the following generic products **(a. and b.)**:
   a. pramipexole
   b. ropinirole
6. The member has experienced therapeutic failure, intolerance, or contraindication to one (1) of the following generic products **(a., b., or c.)**:
   a. entacapone
   b. rasagiline
   c. selegiline
7. If the request is for brand Apokyn, the member has experienced therapeutic failure or intolerance to generic apomorphine hydrochloride injection.

B. Reauthorization

When a benefit, reauthorization of Apokyn (apomorphine) may be approved when the following criteria are met **(1. and 2.)**:

1. The prescriber attests that the member has experienced positive clinical response to therapy.
2. If the request is for brand Apokyn, the member has experienced therapeutic failure or intolerance to generic apomorphine hydrochloride injection.

II. Onapgo

A. Initial Authorization

When a benefit, coverage of Onapgo may be approved when all of the following criteria are met **(1. through 6.):**

1. The member has a diagnosis of Parkinson's disease (ICD-10: G20).

2. The member's Parkinson's disease is classified as advanced.
3. The member is using Onapgo for the treatment of motor fluctuations in adults.
4. The member is experiencing motor fluctuations despite an optimally dosed oral carbidopa/levodopa regimen.
5. The member has experienced therapeutic failure, intolerance, or contraindication to both of the following generic products **(a. and b.)**:
   - **a.** pramipexole
   - **b.** ropinirole
6. The member has experienced therapeutic failure, intolerance, or contraindication to one (1) of the following generic products **(a., b., or c.)**:
   - **a.** entacapone
   - **b.** rasagiline
   - **c.** selegiline

B. Reauthorization

When a benefit, reauthorization of Onapgo may be approved when the following criterion is met **(1.):**

1. The prescriber attests that the member has experienced positive clinical response to therapy.

III. An exception to some or all of the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

Limitations of Coverage

I. Coverage of drug(s) addressed in this policy for disease states outside of the FDA-approved indications should be denied based on the lack of clinical data to support effectiveness and safety in other conditions unless otherwise noted in the approval criteria.

II. For Commercial or HCR members with a closed formulary, a non-formulary product will only be approved if the member meets the criteria for a formulary exception in addition to the criteria outlined within this policy.

Authorization Duration

- Commercial and HCR Plans: If approved, up to a 12 month authorization may be granted.

Automatic Approval Criteria

None

References:

1. Apokyn [package insert]. Louisville, KY: US WorldMeds; February 2025.
2. Onapgo [package insert]. Rockville, MD: MDD US Operations; February 2025.
3. 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;33(8):1248-1266.
4. Parkinson's Foundation. Statistics. Available at: https://www.parkinson.org/Understanding-Parkinsons/Statistics. Accessed March 9, 2025.