

## Apomorphine (Apokyn, Kynmobi, and generic apomorphine)

### Coverage Criteria:

Reserved for patients meeting the following criteria:

1. Patient is an adult diagnosed with Parkinson's disease; and
2. Prescribed by or in consultation with a neurologist; and
3. Medication is prescribed for acute, intermittent treatment of hypo-mobility "off" episodes
4. Apomorphine will not be used in combination with inhaled levodopa (Inbrija); and
5. Trial and failure of Inbrija for at least 4 weeks, or documented allergy or contraindication to Inbrija or carbidopa/levodopa, or inability to use Inbrija device; and
6. For brand name requests: patient has a documented allergic reaction to generic apomorphine; and
7. Prescribed within the FDA approved regimen

### Coverage Duration:

Initial authorization will be provided for 3 months and reauthorizations for 12 months.

### Renewal Criteria:

1. Provider documentation of improvement in off period symptoms with use of apomorphine