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5.60.051

Section:	Prescription Drugs	**Effective Date:**	July 1, 2025
Subsection:	Central Nervous System Drugs	**Original Policy Date:**	May 14, 2021
Subject:	Apomorphine	**Page:**	1 of 5

Last Review Date: June 12, 2025

Apomorphine

Description

Apokyn (apomorphine) subcutaneous injection, Onapgo* (apomorphine) subcutaneous injection

*This medication is currently pending tier determination and may not be available at this time

Background
Apomorphine is a non-ergoline dopamine agonist with high in vitro binding affinity for the dopamine D_4 receptor, and moderate affinity for the dopamine D_2, D_3, and D_5, and adrenergic α_1D, α_2B, α_2C receptors. The precise mechanism of action of apomorphine as a treatment for Parkinson's disease is unknown, although it is believed to be due to stimulation of post-synaptic dopamine D2-type receptors within the caudate-putamen in the brain (1-2).

Regulatory Status
FDA-approved indications:

- Apokyn 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 (1).
- Onapgo is indicated for the treatment of motor fluctuations in adults with advanced Parkinson's disease (2).

Apomorphine is contraindicated in patients using concomitant drugs of the $5HT_3$ antagonist class including antiemetics (e.g., ondansetron, granisetron, dolasetron, palonosetron) and alosetron. There have been reports of profound hypotension and loss of consciousness when apomorphine was administered with ondansetron (1-2).

Apomorphine may cause syncope, hypotension, or orthostatic hypotension. Patients taking concomitant antihypertensive medications or vasodilators should have blood pressure monitored (1-2).

There are reports of a dose related prolongation of QTc interval after apomorphine exposure. The risks and benefits of apomorphine treatment should be considered prior to initiating treatment with apomorphine in patients with risk factors for prolonged QTc (1-2).

The safety and effectiveness of apomorphine in pediatric patients less than 18 years of age have not been established (1-2).

Related policies
Inbrija, Nourianz, Nuplazid, Tasmar

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Apomorphine may be considered **medically necessary** if the conditions indicated below are met.

Apomorphine may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Parkinson's disease experiencing "off" episodes

AND ALL of the following:

1. Used in combination with carbidopa/levodopa (unless the medications are contraindicated, or patient is intolerant)

2. Inadequate control of Parkinson's off episodes on maximum tolerated doses of carbidopa/levodopa therapy and adjunctive therapy (e.g., dopamine agonist, COMT inhibitor, etc.)
3. **NOT** used in combination with a 5HT3 antagonist (e.g., ondansetron, granisetron, dolasetron, palonosetron, alosetron)
4. Prescriber agrees to monitor for QTc prolongation

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Parkinson's disease experiencing "off" episodes

AND ALL of the following:

1. Improvement in Parkinson's symptoms (e.g., reduction in daily off time, improvement in motor function post-administration)
2. Used in combination with carbidopa/levodopa (unless the medications are contraindicated, or patient is intolerant)
3. **NOT** used in combination with a 5HT3 antagonist (e.g., ondansetron, granisetron, dolasetron, palonosetron, alosetron)
4. Prescriber agrees to monitor for QTc prolongation

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 6 months

Prior – Approval *Renewal* Limits

Duration 12 months

Rationale

Summary

Apomorphine is a non-ergoline dopamine agonist with high in vitro binding affinity for the dopamine D_4 receptor, and moderate affinity for the dopamine D_2, D_3, and D_5, and adrenergic α_1D, α_2B, α_2C receptors. The precise mechanism of action of apomorphine as a treatment for Parkinson's disease is unknown, although it is believed to be due to stimulation of post-synaptic dopamine D2-type receptors within the caudate-putamen in the brain. The safety and effectiveness of apomorphine in pediatric patients less than 18 years of age have not been established (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of apomorphine while maintaining optimal therapeutic outcomes.

References

1. Apokyn [package insert]. Rockville, MD: MDD US Operations, LLC; June 2022.
2. Onapgo [package insert]. Rockville, MD: MDD US Operations, LLC; February 2025.

Policy History

Date	Action
May 2021	Addition to PA
September 2021	Annual review
March 2022	Annual review and reference update
March 2023	Annual review and reference update. Changed policy number to 5.60.051
December 2023	Annual review
March 2024	Annual review
December 2024	Annual review
March 2025	Annual review
April 2025	Addition of Onapgo. Removed Kynmobi due to discontinuation
June 2025	Annual review. Per SME, changed requirement that patients only have to use with carbidopa/levodopa if not intolerant or contraindicated. Also added that patients must have inadequate control of off episodes on adjunctive therapy as well as carbidopa/levodopa

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 12, 2025 and is effective on July 1, 2025.