Clinical Policy: Apomorphine (Apokyn)

Reference Number: CP.PHAR.488
Effective Date: 09.01.20
Last Review Date: 08.20
Line of Business: HIM, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Apomorphine (Apokyn®) is a non-ergoline dopamine agonist.

FDA Approved Indication(s)

Apokyn is indicated for acute, intermittent treatment of hypomobility, "off'" episodes ("end-of-dose wearing off" and unpredictable "on/off" episodes) associated with advanced Parkinson's disease.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria

It is the policy of health plans affiliated with Centene Corporation® that Apokyn is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Parkinson's Disease (must meet all)**:**

1. Diagnosis of advanced Parkinson's disease defined as Stages II to IV of the 5-stage Hoehn and Yahr scale (*see Appendix E*);
2. Prescribed by or in consultation with neurologist;
3. Apokyn is prescribed concurrently with an anti-Parkinson agent (e.g. levodopa/carbidopa, dopamine agonists, ropinirole, catechol-O-methyl transferase (COMT) inhibitors, tolcapone, monoamine oxidase type B (MAO-B) inhibitors or rasagiline);
4. Member is experiencing hypomobility episodes at the end of the dosing interval or is experiencing unpredictable hypomobility ("on/off") episodes;
5. Dose does not exceed 0.6 mL per injection, 5 injections per day, or 2 mL per day.

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): HIM.PHAR.21 for health insurance marketplace and CP.PMN.53 for Medicaid.

II. Continued Therapy

A. Parkinson's Disease (must meet all)**:**

1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 0.6 mL per injection, 5 injections per day, or 2 mL per day.

Approval duration: 12 months

B. Other diagnoses/indications(must meet 1 or 2)**:**

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): HIM.PHAR.21 for health insurance marketplace and CP.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policies – HIM.PHAR.21 for health insurance marketplace and CP.PMN.53 for Medicaid or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
COMT: catechol-O-methyl transferas
FDA: Food and Drug Administration
MAO-B: monoamine oxidase type B

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Concomitant use of Apokyn with $5HT_3$ antagonists, including antiemetics (e.g., ondansetron, granisetron, dolasetron, palonosetron) and alosetron
  - With hypersensitivity/allergic reaction to apomorphine or to any of the excipients of Apokyn, including a sulfite (i.e., sodium metabisulfite); angioedema or anaphylaxis may occur
- Boxed warning(s): None reported

Appendix D: General Information

- Based on reports of profound hypotension and loss of consciousness when apomorphine was given to patients receiving ondansetron, the concomitant use of apomorphine with drugs of the 5-HT_3 antagonist class is contraindicated. These drugs should not be used to prevent or treat apomorphine-induced nausea and vomiting.

- Apomorphine induces nausea and vomiting. Patients should be pretreated with trimethobenzamide 300 mg orally three times a day for three days prior to beginning apomorphine therapy. The manufacturer recommends continuing trimethobenzamide for the first two months of apomorphine therapy. However, the length of concomitant therapy in trials varied

Appendix E: Hoehn and Yahr Scale

- Stage 1.0: Unilateral involvement only.
- Stage 1.5: Unilateral and axial involvement.
- Stage 2.0: Bilateral involvement without impairment of balance.
- Stage 2.5: Mild bilateral involvement with recovery on retropulsion (pull) test.
- Stage 3.0: Mild to moderate bilateral involvement, some postural instability but physically independent.
- Stage 4.0: Severe disability, still able to walk and to stand unassisted.
- Stage 5.0: Wheelchair bound or bedridden unless aided.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Parkinson's disease	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.	0.6 mL per dose, max of 2 mL per day

VI. Product Availability

Multi-dose glass cartridge solution for injection: 30 mg/3mL (10 mg/mL) with a multiple-dose pen injector

VII. References

1. Apokyn [package insert]. Louisville, KY: US WorldMeds, LLC. February 2020. Available at: www.apokyn.com. Accessed April 27, 2020.
2. Pahwa R, Factor SA, Lyons KE, et al. Practice Parameter: Treatment of Parkinson disease with motor fluctuations and dyskinesia (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2006; 66:983-995.
3. Micromedex® Healthcare Series [Internet database]. Greenwood Village, CO: Thompson Healthcare. Updated periodically. Accessed April 27, 2020.
4. Suchowersky O, Reich S, Perlmutter J, et al. Practice Parameter: diagnosis and prognosis of new onset Parkinson disease (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2006;66: 968-975.
5. Clarke CE, Patel S, Ives N, et al.; Clinical effectiveness and cost-effectiveness of physiotherapy and occupational therapy versus no therapy in mild to moderate Parkinson's disease: a large pragmatic randomised controlled trial (PD REHAB). Southampton (UK): NIHR Journals Library; 2016 Aug. No. 20.63.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created: adapted from previously approved policy CP.PCH.14; retire CP.PCH.14; removed Commercial line of business and added Medicaid; advanced Parkinson's disease defined as Stages II to IV of the 5-stage Hoehn and Yahr scale; prescribing by neurologist added; Apokyn is prescribed concurrently with an anti-Parkinson agent (e.g. levodopa/carbidopa, dopamine agonists, ropinirole, Catechol-O-methyl transferase (COMT) inhibitors, tolcapone, monoamine oxidase type B (MAO-B) inhibitors or rasagiline); Appendix E added; references reviewed and updated.	04.27.20	08.20

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to

recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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