

APOKYN (apomorphine)

Diagnosis Considered for Coverage:

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

Coverage Criteria:

For diagnosis listed above:

- Being prescribed by or in consultation with a neurologist, **and**
- Inadequate response to at least one adjunctive therapy (e.g. COMT inhibitor, MAO-B inhibitor, dopamine agonist), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 11/30/2022