



Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Apokyn (apomorphine), is subject to the prior authorization process.

## **PROCEDURE**

### **Initial Authorization Criteria:**

*Must meet all of the criteria listed below:*

- Must be prescribed by a neurologist
- Must have diagnosis of hypomobility, “off” episodes (“end-of-dose wearing off” and unpredictable “on/off” episodes) due to advanced Parkinson’s disease
- Must be on concomitant therapy with levodopa/carbidopa
- Must be on concomitant therapy with one of the following:
  - Dopamine agonist
  - Monoamine oxidase-B (MAO-B) inhibitor
  - Catechol O-methyltransferase (COMT) inhibitor
- Must not be on concomitant therapy with any 5HT3 antagonists

### **Reauthorization Criteria:**

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon chart documentation from the prescriber that the member’s condition has improved based upon the prescriber’s assessment while on therapy.

### **Limitations:**

<b>Length of Authorization (if above criteria met)</b>	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial
<b>Quantity Level Limit</b>	
Apokyn	30 syringes/cartridges per month

If the established criteria are not met, the request is referred to a Medical Director for review.



## REFERENCES

1. Apokyn [prescribing information]. USWorldMeds: Louisville, KY; February 2012.
2. Pahwa, R, Factor A, 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. Rao SS, Hofmann LA, Shakil A. Parkinson's disease: diagnosis and treatment. *American Family Physician*. 2006;74:2046-2054.
4. Jankovic J, Aguilar LG. Current approached to the treatment of parkinson's disease. *Neuropsychiatric Disease and Treatment*. 2008;4(4):743-757.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

