



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2024 P 1344-5
Program	Prior Authorization/Notification
Medication	Apokyn <sup>®</sup> (apomorphine) injection
P&T Approval Date	12/2020, 12/2021, 12/2022, 12/2023, 12/2024
Effective Date	3/1/2025

**1. Background:**

Apokyn is a non-ergoline dopamine agonist 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.

Coverage will be provided for members who meet the following criteria.

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. <u>Initial Authorization</u></b></p> <p>1. <b>Apokyn</b> will be approved based on <b>both</b> of the following:</p> <p>a. Diagnosis of Parkinson’s disease</p> <p style="text-align: center;"><b>-AND-</b></p> <p>b. Used as intermittent treatment for OFF episodes</p> <p style="text-align: center;"><b>Authorization will be issued for 6 months.</b></p> <p><b>B. <u>Reauthorization</u></b></p> <p>1. <b>Apokyn</b> will be approved based on the following criteria:</p> <p>a. Documentation of positive clinical response to <b>Apokyn</b> therapy</p> <p style="text-align: center;"><b>Authorization will be issued for 12 months.</b></p> <p><sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>
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**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.



- Supply limits and/or Medical Necessity may be in place.

**4. References:**

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

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<b>Change Control</b>	
12/2020	New program
12/2021	Annual review with no changes.
12/2022	Annual review with no changes to clinical coverage criteria. Added state mandate footnote and updated reference.
12/2023	Annual review with no changes to coverage criteria.
12/2024	Annual review with no changes to coverage criteria.