VENTURA COUNTY
HEALTH CARE PLAN

Apokyn (apomorphine)

Date Developed: 9/3/13 by Albert Reeves MD

Effective Date: 10/22/13

Rev. 9/16/15 R. Sterling MD

Date Approved by P&T Committee: 1/26/16, 1/24/17, 1/23/18, 1/22/19, 2/18/20

Archived 8/3/21

Pharmacologic Category: Apokyn is a morphine derivative without opiate effects but rather is a non-selective dopamine agonist.

Authorization Criteria: as an adjunct to other medications in the treatment of hypomobility "off" episodes with advanced Parkinson disease

Dosing: Adult

Note: Begin antiemetic therapy 3 days prior to initiation and continue for 2 months before reassessing need.

SubQ Dosing:

Parkinson's disease, "off" episode: SubQ: Initial test dose 2 mg, **medical supervision required; see "Note"**. Subsequent dosing is based on both tolerance and response to initial test dose.

If patient tolerates test dose and responds: Starting dose: 2 mg as needed; may increase dose in 1 mg increments every few days; maximum dose: 6 mg

If patient tolerates but does not respond to 2 mg test dose: Second test dose: 4 mg

If patient tolerates and responds to 4 mg test dose: Starting dose: 3 mg, as needed for "off" episodes; may increase dose in 1 mg increments every few days; maximum dose 6 mg

If patient does not tolerate 4 mg test dose: Third test dose: 3 mg

If patient tolerates 3 mg test dose: Starting dose: 2 mg as needed for "off" episodes; may increase dose in 1 mg increments to a maximum of 3 mg

If therapy is interrupted for >1 week, restart at 2 mg and gradually titrate dose.

Note: Medical supervision is required for all test doses with standing and supine blood pressure monitoring pre-dose and 20-, 40-, and 60 minutes post-dose (see product information).

Sublingual Dosing:

Initial: 10 mg as needed at intervals ≥2 hours for "off episodes" up to a maximum of 5 doses per day; may increase dose in 5 mg increments every 3 days based on response and tolerability up to a maximum single dose of 30 mg at intervals ≥2 hours and a maximum of 5 doses per day.

PRECAUTIONS: Medical supervision is required for all test doses; decrease dose with renal impairment; nausea and/or vomiting (may be severe); drowsiness; dyskinesias; orthostatic hypotension; do not use with 5-HT3 antagonists (e.g. Ondansetron-Zofran; use an alternative anti-emetic); somnolence (of particular concern with Parkinson patients because of gait disturbances and orthostatic hypotension)

DRUG INTERACTIONS: metoclopramide, MAOI, drugs which prolong Q-T, typical antipsychotics, ondansetron

NOTE: Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information. Adverse effects (confusion and hallucinations), some serious, are reported more frequently in patients ≥65 years of age.

REFERENCES

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3. Weintraub D, Siderowf AD, Potenza MN, et al, "Association of Dopamine Agonist Use With Impulse Control Disorders in Parkinson Disease," *Arch Neurol*, 2006, 63(7):969-73. [PubMed 16831966]

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Revision History:

Date Approved by P&T Committee: 1/28/14
Date Reviewed/No Updates: 1/28/14 by C. Sanders MD
Date Reviewed/No Updates: 1/13/15 by C. Sanders, MD
Date Approved by P&T Committee: 1/27/15
Date Reviewed/Updated: 9/16/15 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/26/16
Date Reviewed/No Updates: 1/24/17 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/24/17
Date Reviewed/No Updates: 1/23/18 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/23/18
Date Reviewed/No Updates: 1/22/19 by C. Sanders, MD; R. Sterling, MD
Date Approved by P&T Committee: 1/22/19
Date Reviewed/No Updates: 2/18/20 by H. Taekman, MD; R. Sterling, MD
Date Approved by P&T Committee: 2/18/20
Date Reviewed/ Updated: 8/3/21 by H. Taekman, MD; R. Sterling, MD
Date Approved by P&T Committee: 8/3/21

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
1/24/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
1/23/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
1/22/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual review
2/18/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual review
8/3/21	No	Howard Taekman, MD; Robert Sterling, MD	Archived as there is an updated ESI Drug Policy for Exception Review