

## PURPOSE OF THE POLICY

To define criteria for coverage of Apokyn, for new starts only, for Medicare Part D members.

## STATEMENT OF THE POLICY

Prior authorization is required for the coverage of Apokyn.

## PROCEDURES

### **1. The following criteria must be met for Apokyn to be covered**

**1.1** FDA approved indication.

**1.2** A test dose of 0.2ml must be given in a setting where blood pressure can be closely monitored by medical personnel. Supine and standing blood pressure should be checked before dosing and at 20, 40, and 60 minutes after the dose.

### **2. Exclusion Criteria**

**2.1** Patient who is currently on 5HT3 antagonists (i.e. Zofran, Kytril, Anezmet). OR

**2.2** Severe hepatic or renal impairment. OR

**2.3** Patients developing clinically important orthostatic hypotension with the test dose.

## HISTORY

1/1/2009-Thowerton-created for 2009 Medicare Part D

1/1/2010-Thowerton - P&T no changes

1/1/2011-Thowerton- P&T no chngs

9/15/2011-Thowerton-removed verbiage where test dose has to be sent into HAMP for PA per CMS outlier justifications