



PRIOR AUTHORIZATION POLICY

- POLICY:** Parkinson's Disease –Apomorphine Subcutaneous (Apokyn) Prior Authorization Policy
- Apokyn® (apomorphine hydrochloride subcutaneous injection – US WorldMeds, generic)

REVIEW DATE: 03/25/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Apomorphine, a non-ergoline dopamine agonist, is 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**.¹

Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018); an update specific to motor fluctuations was published in 2025.^{2,3} In the 2025 update, apomorphine recommendations are divided into "continuous" (i.e., subcutaneous infusion) vs. "intermittent" (sublingual film or subcutaneous pen [Apokyn, generic]). Intermittent apomorphine is noted to have insufficient evidence as a rescue medication for off-medication episodes in patients with Parkinson's disease.

The Academy of Family Physicians published recommendations for practice for the treatment of Parkinson's Disease (2020).⁴ The review recommends apomorphine subcutaneous and immediate-release carbidopa/levodopa as treatment options for patients experiencing freezing episodes. Apomorphine subcutaneous will quickly resolve the freezing; however, it is poorly tolerated due to severe nausea, vomiting, and orthostasis.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of apomorphine subcutaneous. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with apomorphine subcutaneous as well as the monitoring required for adverse events and long-term efficacy, approval requires apomorphine subcutaneous to be prescribed by or in consultation with a physician who specializes in the condition being treated.

- **Apokyn® (apomorphine hydrochloride subcutaneous injection – US WorldMeds, generic)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. Parkinson's Disease. Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):

A) Patient is experiencing "off" episodes; AND

Note: Examples of "off" episodes include muscle stiffness, slow movements, or difficulty starting movements.

B) Patient is currently receiving carbidopa/levodopa therapy; AND

C) Patient has previously tried one other treatment for "off" episodes and meets ONE of the following (i or ii):

i. According to the prescriber, patient had significant intolerance; OR

ii. According to the prescriber, patient had inadequate efficacy; AND

Note: Examples of treatments for "off" episodes include pramipexole, ropinirole, Neupro (rotigotine transdermal system), selegiline, rasagiline, Xadago (safinamide tablets), tolcapone, entacapone, Ongentys (opicapone capsules), Nourianz (istradefylline tablets), or amantadine.

D) The medication is prescribed by or in consultation with a neurologist.

CONDITIONS NOT COVERED

- **Apokyn® (apomorphine hydrochloride subcutaneous injection – US WorldMeds, generic)**

is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. Concurrent Use with a Serotonin 5-HT₃ Antagonist. Administration of apomorphine subcutaneous in conjunction with a serotonin 5-HT₃ antagonist (e.g., ondansetron, granisetron, dolasetron, palonosetron, alosetron) can result in extreme lowering of blood pressure and loss of consciousness and is considered an absolute contraindication.¹

REFERENCES

1. Apokyn® subcutaneous injection [prescribing information]. Louisville, KY: US WorldMeds; January 2025.
2. Fox SH, Katzenschlager R, Lim SY, et al. International Parkinson and movement disorder society evidence-based medicine review: Update on treatments for the motor symptoms of Parkinson's disease. *Mov Disord.* 2018;33(8):1248-1266.
3. de Bie RMA, Katzenschlager R, Swinnen BEKS, et al. Update on treatments for Parkinson's Disease motor fluctuations – an International Parkinson and Movement Disorder Society Evidence-Based Medicine Review. *Mov Disord.* 2025 May;40(5):776-794.
4. Halli-Tierney AD, Luker J and Carroll DG. Parkinson Disease. *Am Fam Physicians.* 2020;102(11):679-691.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	03/13/2024
Annual Revision	Parkinson's Disease: Examples of evidence of "off" episodes were moved to a Note.	03/12/2025
Update	Policy name changed from Parkinson's Disease – Apomorphine Subcutaneous Prior Authorization Policy to Parkinson's Disease – Apomorphine Subcutaneous (Apokyn) Prior Authorization Policy. The generic apomorphine was added, where relevant, throughout the policy.	06/11/2025
Annual Revision	Parkinson's Disease: The list of examples of treatments for Parkinson's disease was updated to remove cabergoline and to add Neupro (rotigotine transdermal system), Nourianz (istradefylline tablets), or amantadine.	03/25/2026

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2026 The Cigna Group.