

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

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.

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).

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

REFERENCES

1. Factor SA, "Current Status of Symptomatic Medical Therapy in Parkinson's Disease," *Neurotherapeutics*, 2008, 5(2):164-80. [PubMed [18394561](#)]
2. Molina JA, Sàinz-Artiga MJ, Fraile A, et al, "Pathologic Gambling in Parkinson's Disease: A Behavioral Manifestation of Pharmacologic Treatment," *Mov Disord*, 2000, 15(5):869-72. [PubMed [11009192](#)]
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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