

APOMORPHINE**Apokyn (apomorphine) subcutaneous injection,****Kynmobi (apomorphine) sublingual film****Onapgo (apomorphine) subcutaneous injection**

*This medication is currently pending tier determination and may not be available at this time

RATIONALE FOR INCLUSION IN PA PROGRAM**Background**

Apomorphine is a non-ergoline dopamine agonist with high in vitro binding affinity for the dopamine D₄ receptor, and moderate affinity for the dopamine D₂, D₃, and D₅, and adrenergic α_{1D}, α_{2B}, α_{2C} receptors. The precise mechanism of action of apomorphine as a treatment for Parkinson's disease is unknown, although it is believed to be due to stimulation of post-synaptic dopamine D₂-type receptors within the caudate-putamen in the brain (1-2).

Regulatory Status

FDA-approved indications:

- Apokyn 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).
- Kynmobi is indicated for the acute, intermittent treatment of "off" episodes in patients with Parkinson's disease (2).
- Onapgo is indicated for the treatment of motor fluctuations in adults with advanced Parkinson's disease (3).

Apomorphine is contraindicated in patients using concomitant drugs of the 5HT₃ antagonist class including antiemetics (e.g., ondansetron, granisetron, dolasetron, palonosetron) and alosetron. There have been reports of profound hypotension and loss of consciousness when apomorphine was administered with ondansetron (1-2).

Apomorphine may cause syncope, hypotension, or orthostatic hypotension. Patients taking concomitant antihypertensive medications or vasodilators should have blood pressure monitored (1-2).

There are reports of a dose related prolongation of QTc interval after apomorphine exposure. The risks and benefits of apomorphine treatment should be considered prior to initiating treatment with apomorphine in patients with risk factors for prolonged QTc (1-2).



Federal Employee Program.

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The safety and effectiveness of apomorphine in pediatric patients less than 18 years of age have not been established (1-2).

Summary

Apomorphine is a non-ergoline dopamine agonist with high in vitro binding affinity for the dopamine D₄ receptor, and moderate affinity for the dopamine D₂, D₃, and D₅, and adrenergic α_1 D, α_2 B, α_2 C receptors. The precise mechanism of action of apomorphine as a treatment for Parkinson's disease is unknown, although it is believed to be due to stimulation of post-synaptic dopamine D₂-type receptors within the caudate-putamen in the brain. The safety and effectiveness of apomorphine in pediatric patients less than 18 years of age have not been established (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of apomorphine while maintaining optimal therapeutic outcomes.

References

1. Apokyn [package insert]. Rockville, MD: MDD US Operations, LLC; June 2022.
2. Kynmobi [package insert]. Marlborough, MA: Sunovion Pharmaceuticals Inc.; September 2022.
3. Onapgo [package insert]. Rockville, MD: MDD US Operations, LLC; February 2025.