

**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 D<sub>4</sub> receptor, and moderate affinity for the dopamine D<sub>2</sub>, D<sub>3</sub>, and D<sub>5</sub>, and adrenergic α<sub>1</sub>D, α<sub>2</sub>B, α<sub>2</sub>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 D<sub>2</sub>-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 5HT<sub>3</sub> 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).

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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 D<sub>4</sub> receptor, and moderate affinity for the dopamine D<sub>2</sub>, D<sub>3</sub>, and D<sub>5</sub>, and adrenergic  $\alpha_1$ D,  $\alpha_2$ B,  $\alpha_2$ 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 D<sub>2</sub>-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.