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**


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Date Approved by P&T Committee: 2/18/20

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