

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Dopamine Agonists

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization.

Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCN for Apokyn (42078) to the Drugs Requiring PA table

Added GCN for ondansetron (50201) to the 5HT3 antagonist supporting table

Updated references



Apomorphine (Apokyn)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
APOMORPHINE 30 MG/3 ML CARTRDG	42078
APOKYN 30 MG/3 ML CARTRIDGE	42078

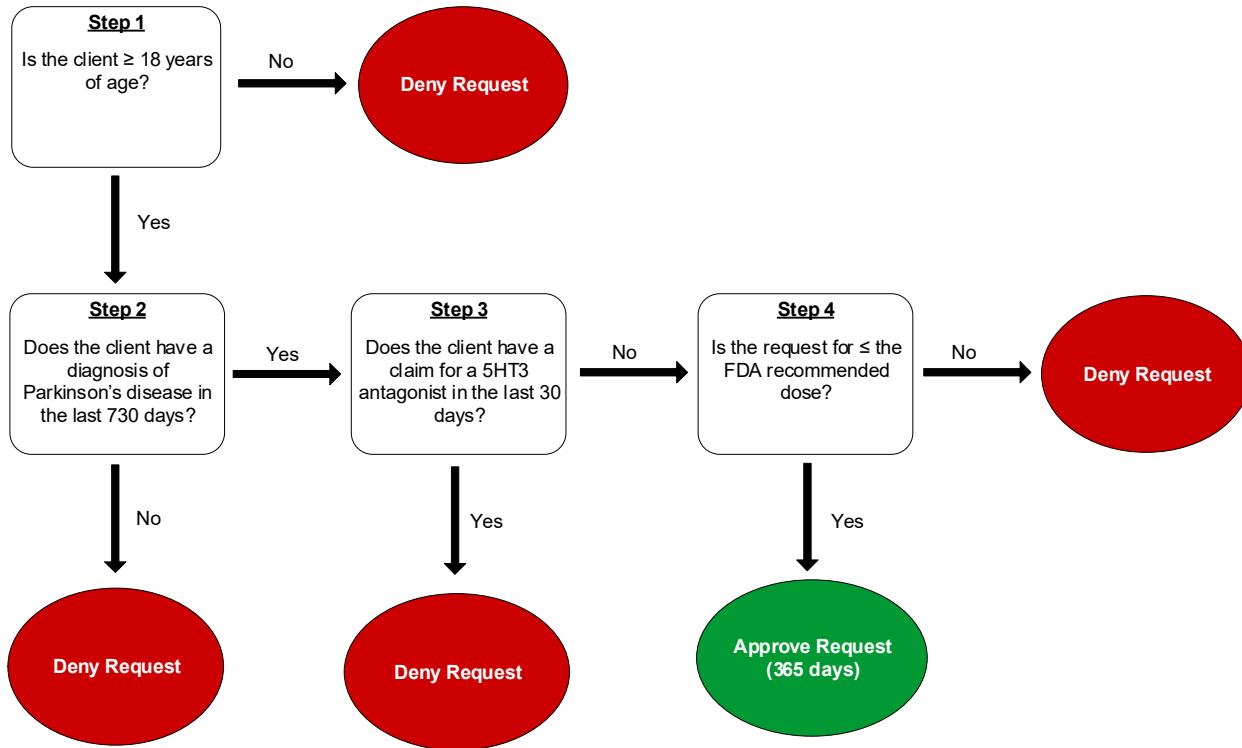


Apomorphine (Apokyn)
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
[] Yes – Go to #2
[] No – Deny
2. Does the client have a [diagnosis of Parkinson's disease](#) in the last 730 days?
[] Yes – Go to #3
[] No – Deny
3. Does the client have a [claim for a 5HT₃ antagonist](#) in the last 30 days?
[] Yes – Deny
[] No – Go to #4
4. Is the request for less than or equal to (\leq) the [FDA recommended dose](#)?
[] Yes – Approve (365 days)
[] No – Deny

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Apomorphine (Apokyn)
Clinical Criteria Logic Diagram





Apomorphine (Apokyn) Clinical Criteria Supporting Tables

Table 2 (diagnosis of Parkinson's disease)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-10 Code	Description
G20	PARKINSON'S DISEASE

Table 3 (claim for a 5HT₃ antagonist)

Required claims: 1

Look back timeframe: 30 days

GCN	Label Name
37239	AKYNZEO 300-0.5 MG CAPSULE
21422	ALOSETRON HCL 0.5 MG TABLET
41607	ALOSETRON HCL 1 MG TABLET
06019	GRANisetron HCL 1 MG TABLET
99267	GRANisetron HCL 1 MG/ML VIAL
60548	GRANisetron HCL 4 MG/4 ML VIAL
21422	LOTRONEX 0.5 MG TABLET
41607	LOTRONEX 1 MG TABLET
20011	ONDANSETRON 40 MG/20 ML VIAL
97502	ONDANSETRON HCL 4 MG/2 ML VIAL
20040	ONDANSETRON 4 MG/5 ML SOLUTION
50201	ONDANSETRON HCL 24 MG TABLET
20041	ONDANSETRON HCL 4 MG TABLET
20042	ONDANSETRON HCL 8 MG TABLET

Table 3 (claim for a 5HT₃ antagonist)**Required claims: 1****Look back timeframe: 30 days**

GCN	Label Name
20045	ONDANSETRON ODT 4 MG TABLET
20046	ONDANSETRON ODT 8 MG TABLET
14348	SANCUSO 3.1 MG/24 HR PATCH
28789	ZUPLENZ 4 MG SOLUBLE FILM
28790	ZUPLENZ 8 MG SOLUBLE FILM

Table 4**FDA Recommended Dosing Limits**

APOKYN	Total daily dose should not exceed 2mL (20mg) per day. Maximum single dose is 0.6mL (6mg) and client should not receive more than 5 doses/day.
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**Dopamine Agonists****Clinical Criteria References**

1. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on May 12, 2025.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on March 17, 2025.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on March 17, 2025.
4. Apokyn Prescribing Information. Rockville, MD. MDD US Operations, LLC. January 2025.



Dopamine Agonists

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
01/22/2021	<ul style="list-style-type: none">Initial publication and presentation to the DUR Board
10/18/2022	<ul style="list-style-type: none">Annual review by staffRemoved GCN for Kynmobi titration kit (48136) – not currently on formularyUpdated references
05/08/2024	<ul style="list-style-type: none">Annual review by staffAdded GCN for apomorphine (42078) to drugs requiring PARemoved GCNs for Apokyn (42078) and Kynmobi (48122, 48126, 48127, 48128, 48129) from drugs requiring PA. Apokyn is no longer on formulary and Kynmobi has been discontinuedUpdated references
01/31/2025	<ul style="list-style-type: none">Annual review by staffAdded GCN for Apokyn (42078) to the Drugs Requiring PA tableAdded GCN for ondansetron (50201) to the 5HT3 antagonist supporting tableUpdated references