

Texas Prior Authorization Program  
Clinical Criteria

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## 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](https://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

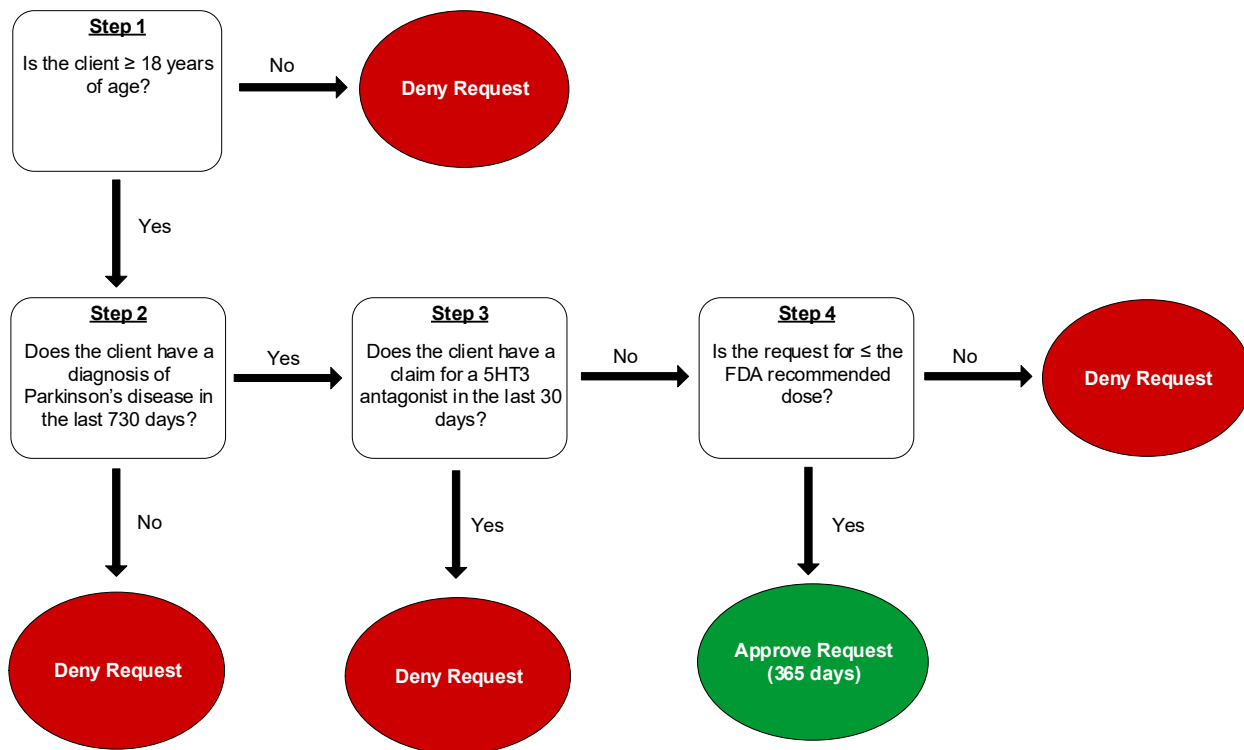
**Apomorphine (Apokyn)****Clinical Criteria Logic**

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 5HT<sub>3</sub> 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



## Apomorphine (Apokyn)

### Clinical Criteria Logic Diagram





## Apomorphine (Apokyn)

### Clinical Criteria Supporting Tables

<b>Table 2 (diagnosis of Parkinson's disease)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G20	PARKINSON'S DISEASE

<b>Table 3 (claim for a 5HT<sub>3</sub> antagonist)</b> <b>Required claims: 1</b> <b>Look back timeframe: 30 days</b>	
<b>GCN</b>	<b>Label Name</b>
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

<b>Table 3 (claim for a 5HT<sub>3</sub> antagonist)</b> <b>Required claims: 1</b> <b>Look back timeframe: 30 days</b>	
<b>GCN</b>	<b>Label Name</b>
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

<b>Table 4</b> <b>FDA Recommended Dosing Limits</b>	
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.



## Dopamine Agonists

### Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at [www.icd10data.com](http://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](http://www.clinicalpharmacology.com). Accessed on March 17, 2025.
3. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://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"> <li>Initial publication and presentation to the DUR Board</li> </ul>
10/18/2022	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Removed GCN for Kynmobi titration kit (48136) – not currently on formulary</li> <li>Updated references</li> </ul>
05/08/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCN for apomorphine (42078) to drugs requiring PA</li> <li>Removed 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 discontinued</li> <li>Updated references</li> </ul>
01/31/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCN for Apokyn (42078) to the Drugs Requiring PA table</li> <li>Added GCN for ondansetron (50201) to the 5HT3 antagonist supporting table</li> <li>Updated references</li> </ul>