

## Commercial/Healthcare Exchange PA Criteria

*Effective: June 29, 2020*

**Prior Authorization:** Kynmobi

**Products Affected:** Kynmobi (apomorphine hydrochloride) sublingual film

**Medication Description:**

Kynmobi (apomorphine hydrochloride) 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  $\alpha$ 1D,  $\alpha$ 2B,  $\alpha$ 2C receptors. The precise mechanism of action of KYNMOBI as a treatment for “off” episodes associated with 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.

**Covered Uses:** Acute, intermittent treatment of “off” episodes in patients with Parkinson's disease (PD).

**Exclusion Criteria:**

1. Using concomitant 5HT3 antagonists, including antiemetics (e.g., ondansetron, granisetron, dolasetron, palonosetron) and alosetron
2. Hypersensitivity/allergic reaction to apomorphine

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried and failed
3. Current medical regimen

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

- A. Patient has a diagnosis of Parkinson's disease (PD); AND
- B. Patient is experiencing acute, intermittent “off” episodes; AND
- C. Patient is receiving at least one other medication for the treatment of Parkinson’s disease.

**References:**

1. Kynmobi (apomorphine hydrochloride) Sublingual Film [package insert]. Marlborough, MA: Sunovion Pharmaceuticals Inc.; April 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/29/2020

