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 α1D, α2B, α2C 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