VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Parkinson's Disease – Kynmobi Prior Authorization Policy
- Kynmobi™ (apomorphine sublingual film – Sunovion Pharmaceuticals)

REVIEW DATE: 07/14/2021

OVERVIEW

Kynmobi, a non-ergoline dopamine agonist, is indicated for the acute, intermittent treatment of "off" episodes in patients with **Parkinson's disease**.[1]

Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018).[2] Kynmobi is not addressed. The review categorically divides treatment recommendations by Parkinson's disease characteristics. Apomorphine subcutaneous is noted to be efficacious and clinically useful in treatment for motor fluctuations.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Kynmobi. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Kynmobi as well as the monitoring required for adverse events and long-term efficacy, approval requires Kynmobi to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Kynmobi is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Parkinson's Disease.** Approve for 1 year if the patient meets all of the following criteria (A, B, C, and D):
   - **A)** Patient is experiencing "off" episodes such as muscle stiffness, slow movements, or difficulty starting movements; AND
   - **B)** Patient is currently receiving carbidopa/levodopa therapy; AND
   - **C)** Patient has previously tried one other treatment for "off" episodes and meets ONE of the following criteria (i or ii):
     - **i.** Patient had significant intolerance, according to the prescriber; OR
     - **ii.** Patient had inadequate efficacy, according to the prescriber; AND

     Note: Examples of treatment for "off" episodes include entacapone, rasagiline, pramipexole, ropinirole, tolcapone, cabergoline, selegiline, Apokyn® (apomorphine subcutaneous injection), Ongentys® (opicapone capsules), or Xadago® (safinamide tablets).
   - **D)** The medication is prescribed by or in consultation with a neurologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Kynmobi is not recommended in the following situations:

1. **Concurrent Use with a Serotonin 5-HT_3 Antagonist.** Administration of Kynmobi in conjunction with a serotonin 5-HT_3 antagonist (e.g., ondansetron, granisetron, dolasetron, palonosetron, alosetron) can result in extreme lowering of blood pressure and loss of consciousness.[1]

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Kynmobi™ sublingual film [prescribing information]. Marlborough, MA: Sunovion Pharmaceuticals; June 2021.
2. Fox SH, Katzenschlager R, Lim SY, et al. International Parkinson and movement disorder society evidence-based medicine review: Update on treatments for the motor symptoms of Parkinson's disease. *Mov Disord*. 2018;33(8):1248-1266.