Clinical Policy Title:	apomorphine hydrochloride
Policy Number:	RxA.659
Drug(s) Applied:	Kynmobi®
Original Policy Date:	12/07/2020
Last Review Date:	01/17/2022
Line of Business Policy Applies to:	All lines of business

Background

Kynmobi® is a non-ergoline dopamine agonist indicated for the acute, intermittent treatment of "off" episodes in patients with Parkinson's Disease currently taking carbidopa/levodopa.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
apomorphine hydrochloride (Kynmobi®)	For the acute, intermittent treatment of "off" episodes in patients with Parkinson's Disease currently taking carbidopa/levodopa.	10 mg to 30 mg sublingually per dose as needed for "off" episodes. Doses should be separated by at least 2 hours.	30 mg per dose and 5 doses per day

Dosage Forms

- Sublingual film: 10 mg, 15 mg, 20 mg, 25 mg, and 30 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Treatment of "Off" Episodes with Parkinson's Disease (must meet all):

1. Diagnosis of Parkinson's Disease;
2. Documentation of number and frequency of "off" episodes;
3. Prescribed by or in consultation with a neurologist;
4. Dose initiation was or will be supervised by a healthcare provider;
5. Documentation that at least one other agent has been added to carbidopa/levodopa (e.g. dopamine agonist, COMT inhibitor, or MAO-B inhibitor) to reduce number and frequency of "off" episodes;
6. Treatment with a concomitant antiemetic such as trimethobenzamide (not including 5HT3 antagonists) beginning 3 days prior to initial dose;

7. Member is not concurrently taking a 5HT3 antagonist (e.g. ondansetron);
8. Regimen does not exceed 30 mg per dose and 5 doses per day.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Treatment of "Off" Episodes with Parkinson's Disease (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. Member is not concurrently taking a 5HT3 antagonist (e.g. ondansetron);
4. If request is for a dose increase it does not exceed 30 mg per dose and 5 doses per day.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
MAO: monoamine oxidase
COMT: catechol-O-methyltransferase
5HT3: 5-hydroxytryptamine type 3 (serotonin type 3 receptor)

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Maximum Dose
Apokyn®	0.2 mL (2 mg) – 0.6 mL (6 mg) injection. Doses should be separated by at least 2 hours.	6 mg per dose and 5 doses per day not to exceed 20 mg/day
Inbrija®	2 capsules (84 mg) inhaled.	84 mg per dose and 5 doses per day not to exceed 420 mg/day

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Concomitant use with 5HT3 antagonists;
  - Hypersensitivity to apomorphine or any of its ingredients including sodium metabisulfite.

*Contraindications listed reflect direct statements made in the manufacturer's package insert; for additional uses, warnings, and precautions, please refer to clinical guidelines.

- Boxed Warning(s):
  - None Reported

APPENDIX D: General Information

- It is important to note in the controlled clinical study, nearly 1/3 of the patients receiving Kynmobi® in the maintenance phase developed adverse reactions that led to discontinuation. The most common adverse reactions causing discontinuation during the maintenance phase were oral/pharyngeal soft tissue swelling, oral mucosal erythema, and nausea/vomiting.
- Renal impairment: Avoid use of Kynmobi® in patients with severe and end-stage renal disease (ESRD) (CLcr <30 mL/min).
- Hepatic impairment: Avoid use of Kynmobi® in patients with severe hepatic impairment (Child-Pugh Class C).

References

1. Kynmobi® Prescribing Information. Marlborough, MA: Sunovion Pharmaceuticals; August 2021. Available at: https://www.kynmobi.com/Kynmobi-Prescribing-Information.pdf. Accessed on December 10, 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; 33:1248. Available at: https://pubmed.ncbi.nlm.nih.gov/29570866/. Accessed on December 10, 2021.
3. Sunovion. Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Examine the Efficacy, Safety and Tolerability of APL-130277 in Levodopa Responsive Patients With Parkinson's Disease Complicated by Motor Fluctuations ("OFF" Episodes). Available at: https://www.clinicaltrials.gov/ct2/show/NCT02469090. NLM identifier: NCT02469090. Accessed on December 10, 2021.
4. Clinical Pharmacology [database online] powered by ClinicalKey. Tampa, FL: Elsevier, 2020. Accessed with subscription at: https://www.clinicalkey.com/pharmacology/monograph/2269?n=KYNMOBI. Accessed December 10, 2021.
5. Kynmobi®, Lexi-Drug. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Accessed with subscription at: https://online.lexi.com. Accessed December 10, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	09/25/2020	12/07/2020
Policy was reviewed: 1. Policy title table updated to reflect accurate dates. 2. Grammar and punctuation adjustments across document for clarity and consistency. 3. Added requirement of concurrent carbidopa/ levodopa use to background and indication. 4. Added initial approval criteria I.A.3 to require approval by neurologist. 5. Updated initial approval criteria I.A.6 to include antiemetic example used in clinical trials. 6. Added initial approval criteria I.A.7 and continued therapy approval 3 to ensure contraindication to 5HT3 antagonists is considered.	01/20/2021	03/09/2021

7. Appendix A updated for document alignment. 8. Appendix D updated to include additional safety information.		
Policy was reviewed: 1. Statement about provider sample ‘‘The provision of provider samples does not guarantee coverage…” was added to Clinical Policy. 2. Appendix B, Drug Name: Updated to remove unavailable generic therapeutic alternatives apomorphine injection and inhaled levodopa. 3. Appendix B: Updated: Statement about drug listing format in Appendix B is rephrased to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic name when the drug is available by generic only". 4. Disclaimer about contraindications "Contraindications listed reflect statements made in the manufacturer's package insert..." was added to Appendix C. 5. Appendix D, General Information: Updated to include new information regarding renal impairment and hepatic impairment. 6. References were reviewed and updated.	12/13/2021	01/17/2022