



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

APOMORPHINE - SL

| Generic | Brand | HICL | GCN | Medi-Span | Exception/Other |
|-------------|---------|-------|-----|------------------------|-----------------|
| APOMORPHINE | KYNMOBI | 01934 | | GPI-10 (7320301010) | BRAND = KYNMOBI |

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of Parkinson's disease and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or given in consultation with a neurologist
 - The physician has optimized drug therapy as evidenced by **BOTH** of the following:
 - Change in levodopa/carbidopa dosing strategy or formulation
 - Trial of or contraindication to at least **TWO** Parkinson's agents from two different classes: dopamine agonist (i.e., ropinirole, pramipexole, rotigotine), monoamine oxidase-inhibitor (MAO-I) (i.e., selegiline, rasagiline), or catechol-O-methyl transferase (COMT) inhibitors (i.e., entacapone, tolcapone)
 - Kynmobi is being used for the acute, intermittent treatment of 'OFF' episodes

If yes, **approve for 6 months for all strengths by GPID or GPI-14 as follows:**

- **Kynmobi Titration Kit: no quantity limit.**
- **Kynmobi 10mg, 15mg, 20mg, 25mg and 30mg: #5 per day.**

APPROVAL TEXT: Renewal requires the patient had improvement with motor fluctuations during OFF episodes with the use of Kynmobi (e.g., improvement in speech, facial expression, tremor at rest, action or postural tremor of hands, rigidity, finger taps, hand movements, rapid alternating movements of hands, posture, leg agility, arising from chair).

If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **APOMORPHINE (Kynmobi)** requires the following rule(s) be met for approval:

- A. You have Parkinson's disease (central nervous system disorder that affects movement, often including tremors)
- B. You are 18 years of age or older
- C. Therapy is prescribed by or given in consultation with a neurologist
(Initial denial text continued on next page)

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INITIAL CRITERIA (CONTINUED)

- D. The physician has optimized drug therapy as evidenced by **BOTH** of the following:
1. Change in levodopa/carbidopa dosing strategy or formulation
 2. Trial of or contraindication to at least two Parkinson's agents from two different classes: dopamine agonist (i.e., ropinirole, pramipexole, rotigotine), monoamine oxidase-inhibitor (MAO-I) (i.e., selegiline, rasagiline), or catechol-o-methyl transferase (COMT) inhibitors (i.e., entacapone, tolcapone)
- E. The requested medication is being used for acute, intermittent treatment (sudden and periodic treatment) of 'OFF' episodes (when symptoms return due to your medication for Parkinson's disease wearing off)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Does the patient have a diagnosis of Parkinson's disease **AND** meet the following criterion?
 - The patient had improvement with motor fluctuations during 'OFF' episodes with the use of Kynmobi (e.g., improvement in speech, facial expression, tremor at rest, action or postural tremor of hands, rigidity, finger taps, hand movements, rapid alternating movements of hands, posture, leg agility, arising from chair)

If yes, **approve for 12 months by GPID or GPI-14 for all of the following:**

- **Kynmobi 10mg, 15mg, 20mg, 25mg and 30mg: #5 per day.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **APOMORPHINE (Kynmobi)** requires the following rule(s) be met for renewal:

- A. You have Parkinson's disease (central nervous system disorder that affects movement, often including tremors)
- B. You had improvement with motor fluctuations during 'OFF' episodes (when symptoms return due to your medications for Parkinson's disease wearing off) with the use of Kynmobi (such as improvement in speech, facial expression, tremor at rest, action or postural tremor of hands, rigidity, finger taps, hand movements, rapid alternating movements of hands, posture, leg agility, arising from chair)

(Renewal denial text continued on next page)

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RENEWAL CRITERIA (CONTINUED)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Kynmobi.

REFERENCES

- Kynmobi [Prescribing Information]. Marlborough, MA: Sunovion Pharmaceuticals Inc., May 2020.

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|---------|------------|-----|
| Library | Commercial | NSA |
| Yes | Yes | No |

Part D Effective: N/A

Commercial Effective: 10/01/20

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P&T Approval: 07/20