

**apomorphine sublingual film (KYNMOBI)**

**Diagnosis Considered for Coverage:**

- Parkinson's disease

**Coverage Criteria:**

**For diagnosis listed above:**

- Being recommended by a Neurologist, **and**
- Being used to treat Parkinson's "off" episodes, **and**
- Inadequate response to at least one adjunctive therapy (e.g. COMT inhibitor, MAO-B inhibitor, dopamine agonist), **and**
- Dose does not exceed 30 mg per dose and 5 doses per day.

**Coverage Duration:** one year

Effective Date: 11/30/2022