Apomorphine hydrochloride (Kynmobi™)	**Place of Service** **Office Administration** (*for initial titration kit)* **HCPCS**: J3490 **NDCs:** • 63402-088-10: dose titration kit carton contains a total of 10 individually packaged sublingual films of: o Two single 10 mg films (NDC 63402-010-01) o Two single 15 mg films (NDC 63402-015-01) o Two single 20 mg films (NDC 63402-020-01) o Two single 25 mg films (NDC 63402-025-01) o Two single 30 mg films (NDC 63402-030-01)

Condition listed in policy (*see criteria for details*)

- Parkinson's disease

AHFS therapeutic class: Anti-Parkinson drug

Mechanism of action: Non-ergoline dopamine agonist

(1) Special Instructions and pertinent Information

Kynmobi™ requests that are not for the initial titration kit are managed under the Outpatient Pharmacy Benefit. Please contact the member's Pharmacy Benefit to obtain the drug.

Kynmobi™ requests for the initial titration kit are managed under the Medical Benefit. Please submit clinical information for prior authorization review.

Requests for Kynmobi™ under the Medical benefit that are not for the initial titration kit must include medical rationale why the patient cannot self-administer Kynmobi™ in the home. Please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for apomorphine hydrochloride (Kynmobi™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Hypomobility associated with Parkinson's disease

1. Recommended by a neurologist, **AND**
2. Being used to treat PD "off" episodes, **AND**
3. Inadequate response or intolerance to at least one adjunctive therapy (e.g., COMT inhibitor, MAO-B inhibitor, dopamine agonist), or contraindication to all

Covered Dose
One titration kit

Coverage Period
One-time titration kit

ICD-10: G20

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for apomorphine hydrochloride (Kynmobi™) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- Titration kit contains: 10 individually packaged films of:
  - 2 – single 10 mg films
  - 2 – single 15 mg films
  - 2 – single 20 mg films
  - 2 – single 25 mg films
  - 2 – single 30 mg films
- 10 mg, 15 mg, 20 mg, 25 mg, and 30 mg sublingual film

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Kynmobi® (apomorphine hydrochloride sublingual film) [Prescribing information]. Marlborough, MA: Sunovion Pharmaceuticals Inc.; 5/2022.
- 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. Movement Disorders 2018.

(7) Policy Update

Date of last review: 4Q2022
Date of next review: 4Q2023
Changes from previous policy version:

- No clinical change to policy following routine annual review.

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee