

ALASKA MEDICAID
Prior Authorization Criteria

**Apokyn®, Kynmobi™
(apomorphine)**

FDA INDICATIONS AND USAGE^{1,2}

Apomorphine is a non-ergoline dopamine agonist. Apokyn is an injectable indicated for acute, intermittent treatment of hypomobility, “off” episodes (“end-of-dose wearing off” and unpredictable “on/off” episodes) associated with advanced Parkinson’s disease. Kynmobi sublingual films are indicated for the acute, intermittent treatment of “off” episodes in patients with Parkinson’s disease.

APPROVAL CRITERIA^{1,2,3}

1. Patient is 18 years of age or older **AND**;
2. Patient has a diagnosis of Parkinson’s disease **AND**;
3. Is being prescribed by or in consultation with a neurologist **AND**;
4. The medication is being prescribed concurrently with an anti-Parkinson agent (i.e., levodopa/carbidopa, dopamine agonists, ropinirole, catechol-O-methyl transferase (COMT) inhibitors, tolcapone, monoamine oxidase type B (MAO-B) inhibitors, rasagiline) **AND**;
5. Member is experiencing hypomobility episodes at the end of the dosing interval or is experiencing unpredictable hypomobility (“on/off”) episodes.

DENIAL CRITERIA

1. Failure to meet approval criteria **OR**;
2. Patient is concurrently taking a 5-HT3 antagonist (i.e. ondansetron, granisetron, dolasetron, etc.)

CAUTIONS^{1,2}

- Concomitant use of antihypertensive medications and vasodilators may increase risk for hypotension, myocardial infarction, falls and injuries.
- Syncope and hypotension/orthostatic hypotension may occur, monitor blood pressure.
- Withdrawal-emergent hyperpyrexia and confusion may occur with rapid dose reduction or withdrawal.
- May prolong QTc and cause torsades de pointes or sudden death; consider risk factors prior to initiation.
- Dopamine antagonists may diminish the effectiveness of apomorphine.
- In clinical trials, patients 65 years of age and older were more likely to experience certain adverse events.

DURATION OF APPROVAL

Apokyn®, Kynmobi™ Criteria
Version: 1
Original: 10/07/20
Approval: 11/20/20
Effective: 1/11/20

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- Initial Approval: up to 3 months
- Reauthorization Approval: up to 12 months

QUANTITY LIMIT

- Apokyn – 5 injections per day/ 150 injections per month
- Kynmobi – 5 films per day / 150 films per month

REFERENCES / FOOTNOTES:

1. Apokyn [package insert]. Louisville, KY: US WorldMeds, LLC. February 2020. Available at: www.apokyn.com. Accessed October 7, 2020.
2. Kynmobi prescribing information. Marlborough, MA: Sunovion Pharmaceuticals Inc. May 2020. Available at www.kynmobi.com/. Accessed October 7, 2020.
3. Pahwa R, Factor SA, Lyons KE, et al. Practice Parameter: Treatment of Parkinson disease with motor fluctuations and dyskinesia (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2006; 66:983-995.