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| Coverage Polic   | y Number | IP0488     |

# Apomorphine (Kynmobi)

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### **Related Coverage Resources**

Quantity Limitations (1201)

#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan. Coverage Policies are not recommendations for treatment and source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies may be used to support medical necessity and other coverage determinations.

#### **Overview**

This policy supports medical necessity review for apomorphine sublingual film (Kynmobi™).

Receipt of sample product does not satisfy any criteria requirements for coverage.

### **Medical Necessity Criteria**

#### Apomorphine sublingual film (Kynmobi) is considered medically necessary when the following are met:

- 1. Parkinson's Disease. Individual meets ALL of the following criteria (A, B, and C):
  - A. Individual is experiencing "off" episodes such as muscle stiffness, slow movements, or difficulty starting movements
  - B. Individual is currently receiving levodopa-based therapy
  - C. The medication is prescribed by, or in consultation with, a neurologist

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

# **Reauthorization Criteria**

Apomorphine sublingual film (Kynmobi) is considered medically necessary for continued use when initial criteria are met AND there is documentation of beneficial response.

## Authorization Duration

Initial approval duration: up to 12 months Reauthorization approval duration: up to 12 months

### **Conditions Not Covered**

Apomorphine sublingual film (Kynmobi) is considered experimental, investigational or unproven for ANY other use including the following (this list may not be all inclusive):

1. **Concurrent Use with a Serotonin 5-HT3 Antagonist.** Administration of Kynmobi in conjunction with a serotonin 5-HT3 antagonist (e.g., ondansetron, granisetron, dolasetron, palonosetron, alosetron) can result in extreme lowering of blood pressure and loss of consciousness.<sup>1</sup>

# Background

#### **OVERVIEW**

Kynmobi, a non-ergoline dopamine agonist, is indicated for the acute, intermittent treatment of "off" episodes in patients with Parkinson's disease.<sup>1</sup>

#### Guidelines

The International Parkinson and Movement Disorder Society published an evidence-based review for treatment for motor symptoms of Parkinson's disease (2018).<sup>2</sup> Kynmobi is not addressed. The review categorically divides treatment recommendations by Parkinson's disease characteristics. Apomorphine subcutaneous is noted to be efficacious and clinically useful in treatment for motor fluctuations.

#### References

- 1. Kynmobi<sup>™</sup> sublingual film [prescribing information]. Marlborough, MA: Sunovion; September 2022.
- Fox SH, Katzenschlager R, Lim SY, et al. International Parkinson and movement disorder society evidencebased medicine review: Update on treatments for the motor symptoms of Parkinson's disease. *Mov Disord*. 2018;33(8):1248-1266.

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