CVS Caremark®

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| Reference number(s) |
| 2258-A |

# Specialty Guideline Management apomorphine-Apokyn-Kynmobi

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Apokyn | apomorphine hydrochloride |
| Kynmobi | apomorphine hydrochloride |

## Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

### FDA-approved Indications1-3

Apokyn is indicated for the acute, intermittent treatment of hypomobility, “off” episodes (“end-of-dose wearing off” and unpredictable “on/off” episodes) in patients with advanced Parkinson’s disease.

Kynmobi is indicated for the acute, intermittent treatment of “off” episodes in patients with Parkinson’s disease (PD).

All other indications are considered experimental/investigational and not medically necessary.

## Coverage Criteria

### Parkinson’s Disease1-6

Authorization of 6 months may be granted for acute, intermittent treatment of “off” episodes in members with Parkinson’s disease when all of the following criteria are met:

* The member experiences at least 2 hours per day of “off” time.
* The member is currently being treated with carbidopa/levodopa.
* Attempts to manage “off” episodes by adjusting the dosing or formulation of carbidopa/levodopa were ineffective.
* Treatment with carbidopa/levodopa plus one of the following therapies was ineffective at managing “off” episodes:
  + Dopamine agonist (e.g., pramipexole, ropinirole)
  + Monoamine oxidase-B (MAO-B) inhibitor (e.g., selegiline, rasagiline)
  + Catechol-O-methyltransferase (COMT) inhibitor (e.g., entacapone, tolcapone)

## Continuation of Therapy

Authorization of 12 months may be granted for continued acute, intermittent treatment of “off” episodes in members with Parkinson’s disease when both of the following criteria are met:

* The member is currently being treated with carbidopa/levodopa.
* The member is experiencing improvement with the requested medication (e.g., reduction in daily “off” time, improvement in motor function post-administration).

## References

1. Apokyn [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc.; June 2022.
2. Apomorphine hydrochloride injection [package insert]. Lee, MA: Berkshire Sterile Manufacturing, Inc.; February 2022.
3. Kynmobi [package insert]. Marlborough, MA: Sunovion Pharmaceuticals Inc.; September 2022.
4. National Institute for Health and Care Excellence (NICE) guideline: Parkinson’s disease in adults. Published July 19, 2017. Accessed August 12, 2024. https://www.nice.org.uk/guidance/ng71/resources/parkinsons-disease-in-adults-pdf-1837629189061.
5. 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 [published correction appears in Mov Disord. 2018 Dec;33(12):1992]. Mov Disord. 2018;33(8):1248-1266. doi:10.1002/mds.27372