



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1345-3
Program	Prior Authorization/Notification
Medication	Kynmobi® (apomorphine) sublingual film
P&T Approval Date	12/2020, 2/2022, 2/2023
Effective Date	5/1/2023; Oxford only: N/A

1. Background:

Kynmobi is a non-ergoline dopamine agonist indicated for the acute, intermittent treatment of “off” episodes in patients with Parkinson’s disease.

Coverage will be provided for members who meet the following criteria.

2. Coverage Criteria^a:

A. Initial Authorization

1. Kynmobi will be approved based on **both** of the following:

a. Diagnosis of Parkinson’s disease

-AND-

b. Used as intermittent treatment for OFF episodes

Authorization will be issued for 6 months.

B. Reauthorization

1. Kynmobi will be approved based on the following criteria:

a. Documentation of positive clinical response to Kynmobi therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.



- Supply limits and/or Medical Necessity may be in place.

4. References:

1. Kynmobi [package insert]. Marlborough, MA: Sunovion Pharmaceuticals Inc.; September 2022.

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Change Control	
12/2020	New program
2/2022	Annual review with no change to clinical criteria.
2/2023	Annual review. Added state mandate and updated reference.