

To: KYNMOBI Prescribers

From: Antony Loebel, M.D., President & CEO of Sunovion Pharmaceuticals Inc.
Subject: KYNMOBI[®] (apomorphine HCl) sublingual film

Dear KYNMOBI Prescriber,

I am writing to inform you that Sunovion is discontinuing promotional support of KYNMOBI[®] (apomorphine HCl) sublingual film in the U.S. as of December 31, 2022.

WHAT THIS MEANS FOR YOU AND YOUR PATIENTS

Effective November 28, 2022, patient enrollment into KYNMOBI Kynnect for initiation and dose titration support will cease. Sunovion will continue to provide education and titration support via Clinical Educators for patients who have enrolled in KYNMOBI Kynnect on or before November 28th, with services concluding for all patients by **December 31, 2022.**

CONTINUING SUPPORT FROM SUNOVION

As this change approaches, we want to make you aware of resources and support available to you and your patients after December 31, 2022:

- Call 1-844-KYNMOBI to help your patients with product related questions and to navigate Benefit Investigation and Prior Authorization processes.
- To have titration kits shipped directly to your office, visit our website: kynmobihcp.com/starter-kit/
- Sunovion Medical Information will remain available at 1-800-739-0565 to address questions about KYNMOBI.

While promotional support will discontinue on December 31, 2022, KYNMOBI will remain available in the U.S. as an effective and safe product approved by the FDA indicated for the acute, intermittent treatment of “off” episodes in patients with Parkinson’s disease.

Thank you for all the work you do to help make a difference in patients’ lives.

Sincerely,

Antony Loebel, M.D.

Antony Loebel, M.D., President & CEO of Sunovion Pharmaceuticals Inc.

Indication: KYNMOBI[®] (apomorphine hydrochloride) sublingual film is a non-ergoline dopamine agonist indicated for the acute, intermittent treatment of “off” episodes in patients with Parkinson’s disease.

IMPORTANT SAFETY INFORMATION FOR KYNMOBI (apomorphine hydrochloride) SUBLINGUAL FILM

Contraindications: KYNMOBI is contraindicated in patients:

- Using concomitant drugs of the 5HT₃ antagonist class, including antiemetics (e.g., ondansetron, granisetron, dolasetron, palonosetron) and alosetron. There have been reports of profound hypotension and loss of consciousness when subcutaneous apomorphine was administered with ondansetron.
- With hypersensitivity/allergic reaction to apomorphine or to any of the ingredients of KYNMOBI. Angioedema or anaphylaxis may occur.

Please see additional Important Safety Information for Kynmobi on next page and [full Prescribing Information](#).

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Warnings and Precautions:

- **Nausea and Vomiting:** Patients taking KYNMOBI may experience nausea and vomiting when administered at recommended doses. Treatment with the antiemetic trimethobenzamide may be considered to pretreat or treat nausea and/or vomiting. Concomitantly administered antiemetic drugs other than trimethobenzamide have not been studied. Antiemetics with anti-dopaminergic actions (e.g., haloperidol, chlorpromazine, promethazine, prochlorperazine, metoclopramide) have the potential to worsen symptoms in patients with Parkinson’s disease (PD) and should be avoided.
- **Falling Asleep During Activities of Daily Living and Somnolence:** Patients treated with dopaminergic medications, including apomorphine, have reported falling asleep while engaged in activities of daily living, including the operation of motor vehicles, which sometimes has resulted in accidents. Patients may not perceive warning signs, such as excessive drowsiness, or they may report feeling alert immediately prior to the event.

Prescribers should reassess patients for drowsiness or sleepiness, especially since some of the events occur well after the start of treatment. Prescribers should also be aware that patients may not acknowledge drowsiness or sleepiness until directly questioned about drowsiness or sleepiness during specific activities.

Before initiating treatment with KYNMOBI, advise patients of the risk of drowsiness and ask them about factors that could increase the risk with KYNMOBI, such as concomitant sedating medications and the presence of sleep disorders.

- o If a patient develops significant daytime sleepiness or falls asleep during activities that require active participation (e.g., conversations, eating, etc.), KYNMOBI should ordinarily be discontinued. If a decision is made to continue KYNMOBI, patients should be advised not to drive and to avoid other potentially dangerous activities. There is insufficient information to determine whether dose reduction will eliminate episodes of falling asleep while engaged in activities of daily living.

- **Hypersensitivity:** Oral soft tissue swelling (lips, tongue, gingiva, and mouth) was reported as an adverse reaction in patients treated with KYNMOBI. It is not known whether these events are related to apomorphine, sodium metabisulfite, or another KYNMOBI excipient. KYNMOBI rechallenge is not generally recommended after discontinuation as oral adverse reactions may recur and may be more severe than the initial reaction.
- **Syncope/Hypotension/Orthostatic Hypotension:** KYNMOBI, may cause syncope, hypotension or orthostatic hypotension. Patients treated with KYNMOBI should receive an assessment for hypotension / orthostatic hypotension, especially if they have a history of hypotension or cardiovascular disease, or if they are currently using antihypertensive medication. Patients should be informed of this risk.
Hypotensive effects of KYNMOBI may be increased by the concomitant use of alcohol, antihypertensive medications, and vasodilators (especially nitrates). Patients should avoid alcohol when using KYNMOBI. Patients taking KYNMOBI should lie down before and after taking sublingual nitroglycerin. Monitor patients taking concomitant antihypertensive medications for hypotension and orthostatic hypotension.
- **Oral Mucosal Irritation:** KYNMOBI may cause oral irritation. Rechallenge is not generally recommended after discontinuation as oral adverse reactions may recur and be more severe than the initial reaction.
- **Falls:** Patients with PD are at risk of falling due to underlying postural instability, possible autonomic instability, and syncope caused by the blood pressure lowering effects of the drugs used to treat PD. KYNMOBI might increase the risk of falling by simultaneously lowering blood pressure and altering mobility.
- **Hallucinations/Psychotic-Like Behavior:** Patients with a major psychotic disorder should ordinarily not be treated with apomorphine because of the risk of exacerbating psychosis. In addition, certain medications used to treat psychosis may exacerbate the symptoms of PD and may decrease the effectiveness of KYNMOBI.

- **Hemolytic anemia:** Cases of hemolytic anemia requiring hospitalization have been reported in patients treated with apomorphine in the postmarketing setting. Many of the reported cases included a positive direct antiglobulin test (Coombs test), suggesting a potential immune-mediated hemolysis. Severe anemia, angina, and dyspnea have occurred with hemolytic anemia. Some patients were treated with high dose glucocorticoids or blood transfusions. Hemolytic anemia can appear at any time after apomorphine treatment. If a patient develops anemia while taking KYNMOBI, consider a workup for hemolytic anemia. If hemolytic anemia occurs, consider discontinuing KYNMOBI treatment.

- **Impulse Control/Compulsive Behaviors:** Case reports suggest that patients can experience intense urges to gamble, increased sexual urges, intense urges to spend money uncontrollably, and other intense urges and the inability to control these urges while taking one or more medications, including KYNMOBI, that increase central dopaminergic tone. In some cases, although not all, these urges were reported to have stopped when the dose was reduced, or the medication was discontinued. Because patients may not recognize these behaviors as abnormal, it is important for prescribers to specifically ask patients or their caregivers about the development of new or increased gambling urges, sexual urges, uncontrolled spending, binge eating or other urges while being treated with KYNMOBI. Physicians should consider dose reduction or stopping the medication if a patient develops such urges while taking KYNMOBI.

- **Withdrawal-Emergent Hyperpyrexia and Confusion:** A symptom complex resembling the neuroleptic malignant syndrome (characterized by elevated temperature, muscular rigidity, altered consciousness, elevated serum creatine kinase, and autonomic instability), with no other obvious etiology, has been reported in association with rapid dose reduction, withdrawal of, or changes in antiparkinsonian therapy.

- **QTc Prolongation and Potential for Proarrhythmic Effects:** QTc prolongation with KYNMOBI cannot be excluded.

Drugs that prolong the QTc interval have been associated with torsades de pointes and sudden death. The relationship of QTc prolongation to torsades de pointes is clearest for larger increases (20 msec and greater), but it is possible that smaller QTc prolongations may also increase risk, or increase it in susceptible individuals, such as those with hypokalemia, hypomagnesemia, bradycardia, concomitant use of other drugs that prolong the QTc interval, or genetic predisposition (e.g., congenital prolongation of the QT interval). Although torsades de pointes has not been observed in association with the use of KYNMOBI at recommended doses in clinical studies, experience is too limited to rule out an increased risk. Palpitations and syncope may signal the occurrence of an episode of torsades de pointes.

The risks and benefits of KYNMOBI treatment should be considered prior to initiating treatment with KYNMOBI in patients with risk factors for prolonged QTc.

- **Fibrotic Complications:** Cases of retroperitoneal fibrosis, pulmonary infiltrates, pleural effusion, pleural thickening, and cardiac valvulopathy have been reported in some patients treated with ergot-derived dopaminergic agents. While these complications may resolve when the drug is discontinued, complete resolution does not always occur. Although these adverse reactions are believed to be related to the ergoline structure of these dopamine agonists, whether other, nonergot derived dopamine agonists, such as KYNMOBI, can cause these reactions is unknown.
- **Priapism:** Apomorphine may cause prolonged painful erections in some patients. Severe priapism may require surgical intervention.

Most Common Adverse Reactions: Most common adverse reactions (incidence at least 10% in patients treated with KYNMOBI and with an incidence greater than placebo) were nausea, oral/pharyngeal soft tissue swelling, oral/pharyngeal soft tissue pain and paraesthesia, dizziness, and somnolence.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For additional information, please see the KYNMOBI [full Prescribing Information](#) and [Instructions for Use](#) at www.KYNMOBIHCP.com.

