AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Onapgo (apomorphine)	Page:	1 of 2
Effective Date:	3/23/2026	Last Review Date:	2/2/2026
Applies to:	☒ Illinois ☒ Florida Kids	☒ New Jersey ☒ Pennsylvania Kids	☒ Maryland

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Onapgo under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

Onapgo is indicated for the treatment of motor fluctuations in adults with advanced Parkinson's disease.

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

Applicable Drug List:

Onapgo

Policy/Guideline:

Documentation

Submission of the following information is necessary to initiate the prior authorization for review:
Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy.

Prescriber Specialties

This medication must be prescribed by or in consultation with a neurologist or a specialist in the treatment of Parkinson's disease.

Criteria for Initial Approval:

Parkinson's Disease

Authorization of 12 months may be granted for treatment of motor fluctuations in members with advanced Parkinson's disease when all of the following criteria are met:

- Member has clearly defined "on" periods.
- The member has "off" periods of at least 3 hours per day despite optimization efforts.
- The member must have had an inadequate response or intolerable adverse event with oral carbidopa/levodopa and one of the following anti-Parkinson agents:
  - 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 treatment in members requesting reauthorization for advanced Parkinson's disease who have demonstrated a positive clinical response with the requested medication

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: 30 cartridges (600mL) per 30 days

References:

1. Onapgo [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc.; February 2025.
2. National Institute for Health and Care Excellence (NICE) guideline: Parkinson's disease in adults. Published July 19, 2017. Accessed February 12, 2025. https://www.nice.org.uk/guidance/ng71/resources/parkinsons-disease-in-adults-pdf-1837629189061.