

apomorphine (Onapgo)**Medical Benefit Drug Policy**Place of Service

Home Infusion

Infusion Center Administration

Office Administration

Outpatient Facility Infusion Administration

Drug Details**USP Category:** ANTIPARKINSON AGENTS**Mechanism of Action:** Dopaminergic agonist**HCPCS:**

C9399:Unclassified drugs or biologicals

J3490:Unclassified drugs

How Supplied:

98 mg/20 mL (4.9 mg/mL) of apomorphine hydrochloride in single-dose cartridges

Condition(s) listed in policy *(see coverage criteria for details)*

- Parkinson's disease (PD), advanced

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria**The following condition(s) require Prior Authorization/Preservice.****Parkinson's disease (PD), advanced****Meets medical necessity if all the following are met:**

1. Prescribed by or in consultation with a neurologist
2. Patient has motor fluctuations inadequately controlled by current medications, including BOTH of the following:
 - a. Oral carbidopa/levodopa
 - b. ONE of the following:
 - i. COMT inhibitor

- ii. Dopamine agonist
- iii. MAO-B inhibitor
- iv. Amantadine

Covered Doses:

Up to 98 mg per day given as a subcutaneous infusion

Coverage Period:

Initial: 3 months

Reauthorization: Yearly if all the following are met:

1. Patient has a clinical response (e.g., experiences less “off” time)
2. Dose does not exceed the FDA-approved maximum

ICD-10:

G20.A2, G20.B1, G20.B2

References

1. Onapgo (apomorphine hydrochloride, SC) Prescribing Information. MDD US Operations, LLC, Rockville, MD: 2/2025.

Review History

Date of Last Annual Review: 2Q2025

Changes from previous policy version:

- New policy

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*