

**Louisiana Medicaid  
Apomorphine (Onapgo™)**

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for apomorphine (Onapgo™).

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).

**Approval Criteria for Initiation of Therapy**

- The recipient has a diagnosis of advanced Parkinson’s disease; **AND**
- This medication is prescribed by, or the request states that the medication is being prescribed in consultation with, a neurologist; **AND**
- The prescriber **states on the request** that the recipient has motor fluctuations even with compliant use of optimized pharmacotherapy for advanced Parkinson’s disease.

**Approval Criteria for Continuation of Therapy**

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy.

**Duration of approval for initiation and continuation of therapy: 12 months**

**Reference**

Onapgo (apomorphine) [package insert]. Rockville, MD: MDD US Operations, LLC; February 2025.  
[https://www.onapgo.com/onapgo\\_PI.pdf](https://www.onapgo.com/onapgo_PI.pdf)

Revision / Date	Implementation Date
Policy created / February 2025	August 2025