Apomorphine Continuous Subcutaneous Infusion (ONAPGO)
Criteria for Use
December 2025

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the *PBM INTRAnet* site for further information.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive apomorphine.

- ☐ Concurrent use of apomorphine injections
- ☐ Concurrent use of a 5-HT3 antagonist (e.g., ondansetron, granisetron, dolasetron, palonosetron and alosetron)
- ☐ Concurrent use of continuous subcutaneous or intrajejunal infusion of carbidopa/levodopa
- ☐ Baseline resting corrected QT interval (QTc) > 450 msec for males and > 470 msec for females on electrocardiogram (ECG) or other risk factors for a prolonged QT interval^1

Inclusion Criteria

All the following criteria must be met.

- ☐ Diagnosis of Idiopathic Parkinson's Disease
- ☐ Patient is under the care of a VA or VA Community Care neurologist or locally designated expert
- ☐ Motor fluctuations ("wearing off") that require dosing of dopaminergic medications at intervals every 4 hours or less
- ☐ Either higher frequency (≥5 times daily) carbidopa/levodopa immediate-release (IR) tablet or carbidopa/levodopa extended-release (ER) capsules throughout the day have not adequately resolved OFF periods
- ☐ Contraindication, intolerance, or inadequate therapeutic response to at least one agent from two of the following classes: dopamine agonist, catechol-O methyl transferase [COMT] inhibitor, monoamine oxidase type B [MAO B] inhibitor
- ☐ Discussion with the patient/caregiver/family regarding realistic efficacy expectations, device management, and potential device-related complications should be documented in the patient's medical record

Footnotes

^1 Risk factors: electrolyte abnormalities, heart failure, congenital long QT syndrome, family history of long QT syndrome, concomitant medications known to prolong QTc interval

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