



## Commercial/Healthcare Exchange PA Criteria

*Effective: May 2018*

**Prior Authorization:** amantadine ER

**Products Affected:** Gocovri ER oral capsule, Osmolex ER oral tablet

**Medication Description:** Amantadine is a weak, uncompetitive antagonist of the N-methyl-D-aspartate (NMDA) receptor. In addition, the drug may have direct or indirect effects on dopamine neurons. It may release dopamine and norepinephrine from storage sites and inhibit the reuptake of dopamine and norepinephrine.

**Covered Uses:**

**Gocovri ER:** For the treatment of dyskinesia in patients with Parkinson's disease receiving levodopa-based therapy, with or without concomitant dopaminergic medications

**Osmolex ER:** For the treatment of Parkinson's disease and for the treatment of drug-induced extrapyramidal reactions in adult patients.

**Exclusion Criteria:** End stage renal disease

**Required Medical Information:**

1. Diagnosis
2. History of previous therapy tried/failed

**Age Restrictions:** 18 years of age or older

**Prescriber Restrictions:** Prescribed by, or in consultation with, a neurologist

**Coverage Duration:** 12 months

**Other Criteria:**

Gocovri:

- A. Gocovri must be prescribed for dyskinesia associated with a diagnosis of Parkinson's disease; AND
- B. Patient must be currently receiving levodopa-based therapy; AND
- C. Patient has had an inadequate response or tolerance to previous treatment with immediate release amantadine

Osmolex:

- A. Patient has a diagnosis of Parkinson's disease or drug-induced extrapyramidal reactions; AND
- B. Patient has had an inadequate response or tolerance to previous treatment with immediate release amantadine

Last Rev. February 2020



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**References:**

1. Product Information: OSMOLEX ER(TM) oral extended-release tablets, amantadine oral extended-release tablets. Vertical Pharmaceuticals, LLC (per manufacturer), Bridgewater, NJ, 2018
2. Product Information: GOCOVRI(TM) oral extended-release capsules, amantadine oral extended-release capsules. Adamas Pharma LLC (per manufacturer), Emeryville, CA, 2017

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	5/2018
2	Update	Adopted EH Template, Combined policies for Gocovri ER and Osmolex ER, renamed policy to amantadine ER	All	12/12/2019
3	Annual Review	N/A	N/A	2/3/2020