



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

AMANTADINE EXTENDED RELEASE

| Generic | Brand | HICL | GCN | Medi-Span | Exception/Other |
|-----------------------------------|------------|------|----------------------------------|--|-----------------|
| AMANTADINE EXTENDED RELEASE | GOCOVRI | | 43787 43788 | GPI-14 (73200010107020) (73200010107040) | |
| AMANTADINE HCL | OSMOLEX ER | | 44471 44472 44473 48017 | GPI-14 (73200010107520) (73200010107530) (73200010107540) (7320001010C320) | |

**** Please use the criteria for the specific drug requested ****

GUIDELINES FOR USE

GOCOVRI

1. Does the patient have a diagnosis of Parkinson's disease and meet **ALL** of the following criteria?
 - The patient has dyskinesia
 - The patient is receiving levodopa-based therapy
 - The patient had a trial of generic amantadine capsules, tablets, or solution

If yes, **approve for 12 months by GPID or GPI-14 for all the following strengths with the following quantity limits:**

- **Gocovri 68.5mg: #1 per day.**
- **Gocovri 137mg: #2 per day.**

If no, continue to #2.

2. Does the patient have a diagnosis of Parkinson's disease and meet **ALL** of the following criteria?
 - The patient is experiencing 'off' episodes
 - Therapy is given as an adjunctive treatment to levodopa/carbidopa therapy
 - The patient had a trial of generic amantadine capsules, tablets, or solution

If yes, **approve for 12 months by GPID or GPI-14 for all the following strengths with the following quantity limits:**

- **Gocovri 68.5mg: #1 per day.**
- **Gocovri 137mg: #2 per day.**

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

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GUIDELINES FOR USE - GOCOVRI (CONTINUED)

GOCOVRI DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **AMANTADINE EXTENDED RELEASE (Gocovri)** requires the following rule(s) be met for approval:

- A. You have Parkinson's disease (nervous system disorder that affects movement)
 - B. **If you have dyskinesia (abnormal involuntary movements), approval also requires:**
 1. You are receiving levodopa-based therapy
 2. You have previously tried generic amantadine capsules, tablets, or solution
 - C. **If you are experiencing 'off' episodes (when the medication stops working), approval also requires:**
 1. You are also receiving levodopa-carbidopa therapy
 2. You have previously tried generic amantadine capsules, tablets, or solution

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

OSMOLEX ER

1. Does the patient have a diagnosis of Parkinson's disease?

If yes, continue to #3.
If no, continue to #2.

2. Is the request for the treatment of drug-induced extrapyramidal symptoms (EPS) **AND** the patient meets the following criterion?

- The patient is 18 years of age or older

If yes, continue to #3.
If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

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AMANTADINE EXTENDED RELEASE

GUIDELINES FOR USE - OSMOLEX ER (CONTINUED)

3. Does the patient meet **ALL** of the following criteria?

- Therapy is prescribed by or given in consultation with a psychiatrist, neurologist, or geriatrician
- The patient has had a trial of generic amantadine IR capsules, tablets, or solution

If yes, **approve for 12 months by GPID or GPI-14 for all strengths with a quantity limit of #1 per day.**

If no, do not approve.

OSMOLEX ER DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **AMANTADINE EXTENDED RELEASE (Osmolex ER)** requires the following rule(s) be met for approval:

- A. You have Parkinson's disease (nervous system disorder that affects movement) OR you are being treated for drug-induced extrapyramidal symptoms (group of movement disorders)
- B. Therapy is prescribed by or given in consultation with a psychiatrist (mental disorder doctor), neurologist (nerve doctor), or geriatrician (doctor who treats elderly people)
- C. You have previously tried generic amantadine immediate-release capsules, tablets or solution
- D. **If you are being treated for drug-induced extrapyramidal symptoms, approval also requires:**
 1. You are 18 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Gocovri and Osmolex ER.

REFERENCES

- Gocovri [Prescribing Information]. Emeryville, CA: Adamas Pharma, LLC.; January 2021.
- Osmolex ER [Prescribing Information]. Bridgewater, NJ: Vertical Pharmaceuticals, LLC. October 2019.

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AMANTADINE EXTENDED RELEASE

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|---------|------------|-----|
| Library | Commercial | NSA |
| Yes | Yes | No |

Part D Effective: N/A

Commercial Effective: 07/01/21

Created: 09/17

Client Approval: 05/21

P&T Approval: 04/21