Clinical Policy Title:	amantadine
Policy Number:	RxA.153
Drug(s) Applied:	(Gocovri®, Osmolex®ER)
Original Policy Date:	02/07/2020
Last Review Date:	06/10/2021
Line of Business Policy Applies to:	All lines of business

Background

Amantadine extended-release (Gocovri®, Osmolex®ER) is a weak uncompetitive antagonist of the N-methyl-D-aspartate (NMDA) receptor.

Gocovri® is indicated for the treatment of dyskinesia in patients with Parkinson's disease receiving levodopa-based therapy, with or without concomitant dopaminergic medications and as adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease experiencing "off" episodes.

Osmolex® ER is indicated for the treatment of Parkinson's disease and for the treatment of drug-induced extrapyramidal reactions in adult patients.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
Amantadine ER (Gocovri®)	Dyskinesia in Parkinson's disease	137 mg PO QHS for 1 week. After 1 week, increase to 274 mg (two 137 mg capsules) PO QHS	274 mg/day
Amantadine ER (Osmolex® ER)	Dyskinesia in Parkinson's disease; drug induced extrapyramidal reaction	129 mg PO QAM, increase dose in weekly intervals	322 mg/day

Dosage Forms

- Amantadine ER (Gocovri®): Extended-release capsules: 68.5 mg and 137 mg
- Amantadine ER (Osmolex® ER): Extended-release tablets: 129 mg, 193 mg, 258 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the provisions of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. All Indications (must meet all):

1. Diagnosis of dyskinesia in patients with Parkinson's disease;

2. Member is receiving levodopa-based therapy;
3. Meets one of the following (a or b):
   a. Failure of a 2-week trial of immediate-release amantadine unless contraindicated or clinically significant adverse effects are experienced;
   b. Medical justification supports inability to continue use of immediate-release amantadine (e.g., contraindications to excipients);
4. Dose does not exceed 274 mg per day for Gocovri® or 322 mg per day for Osmolex® ER.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

B. Drug Induced Extrapyramidal Reactions (must meet all)**:**
1. Diagnosis of a drug induced extrapyramidal reaction;
2. Request is for Osmolex® ER;
3. Meets one of the following (a or b):
   a. Failure of a 2-week trial of immediate-release amantadine unless contraindicated or clinically significant adverse effects are experienced;
   b. Medical justification supports inability to continue use of immediate-release amantadine (e.g., contraindications to excipients);
4. Dose does not exceed 322 mg per day.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all)**:**
1. Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy (e.g., reductions in OFF time, improvement in dyskinesia symptoms);
3. If request is for a dose increase, new dose does not exceed 274 mg per day for Gocovri® or 322 mg per day for Osmolex® ER.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
PO: Orally
QHS: Every night at bedtime
QAM: Every day before noon

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug	Indication	Dosing Regimen	Maximum Dose

amantadine immediate-release	Parkinson's Disease/Syndrome; Drug-Induced Extrapyramidal Reactions	Titrated up to 100 mg PO QID	400 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - End stage renal disease.

- Boxed Warning(s):
  - None reported.

APPENDIX D: General Information

None

References

1. Gocovri Prescribing Information. Emeryville, CA: Adamas Pharma, LLC; January 2021. Available at: https://www.gocovrihcp.com/pdf/Gocovri_Prescribing_Information.pdf. Accessed February 23, 2021.
2. Osmolex ER Prescribing Information. Bridgewater, NJ: Vertical Pharmaceuticals, LLC; January 2020. Available at www.osmolex.com. Accessed February 23, 2021.
3. Oertel W, Eggert Karla, Pahwa R, et al. Randomized, placebo-controlled trial of ADS-5102 (amantadine) extended-release capsules for levodopa-induced dyskinesia in Parkinson's disease (EASE LID 3). Mov Disord. 2017 August 21; available at Doi: 10.1002/mds.27131.
4. Pahwa R, Tanner CM, Hauser RA, et al. ADS-5102 (amantadine) extended-release capsules for levodopa-induced dyskinesia in Parkinson disease (EASE LID Study). JAMA Neurol. 2017;74(8):941-949. Doi:10.100/jamaneurol.2017.0943.
5. Amantadine. Lexi-Drugs. Lexicomp. Wolters Kluwer. Hudson, OH. Available at https://online.lexi.com. Accessed February 23, 2021.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy was reviewed: 1. Policy title table was updated. 2. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance…". 3. Updated Commercial Approval Duration from length of benefit to 12 months. 4. References were updated.	06/26/2020	09/14/2020
Policy was reviewed: 1. Background was updated to	03/02/2021	06/10/2021

the indication of "as adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease experiencing "off" episodes" for Gocovri® 2. Statement about provider sample, ''The provision of provider samples does not guarantee coverage…" was added to Clinical Policy. 3. Appendix B: Statement under Therapeutic Alternatives was changed to "Below are suggested therapeutic alternatives based on..." 4. References were reviewed and updated.		