Original Effective Date: 07/01/2018
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Last P&T Approval/Version: 04/29/2026
Next Review Due By: 04/2027
Policy Number: C13296-A

Gocovri/Osmolex (amantadine ER caps/tabs)

PRODUCTS AFFECTED

Gocovri (amantadine ER capsules), Osmolex (amantadine ER tabs)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Dyskinesia in Parkinson's disease, Drug-induced extrapyramidal reactions

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. This clinical policy will be reviewed along with state and federal requirements, the benefit being administered, and formulary preferencing. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available. The Pharmacy and Therapeutics Committee has determined that biosimilars may be preferred.

A. DYSKINESIA IN PARKINSONS:
   1. Documented diagnosis of dyskinesia in Parkinson's disease
      AND
   2. Documentation member is stable on a levodopa-based therapy

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AND

3. Documentation of baseline ON time (to evaluate efficacy of therapy at renewal)
   AND
4. Documentation of trial and failure of at least one adjunctive therapy (i.e., selegiline, entacapone, pramipexole, ropinirole, rasagiline)
   AND
5. Documentation of inadequate response*, serious side effects, or contraindication to a minimum 2-week trial of immediate-release amantadine (capsule, tablet, or oral solution) [DOCUMENTATION REQUIRED]
   *Inadequate response is defined as failure to achieve and maintain improvement in symptoms after a compliant trial on the recommended dose for a sufficient period
   AND
6. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Osmolex ER (amantadine) and Gocovri (amantadine) include: patients with end-stage renal disease (CrCl < 15 mL/min/1.73m2)]

B. DRUG INDUCED EXTRAPYRAMIDAL REACTIONS [OSMOLEX ER ONLY]:
1. Documented diagnosis of drug induced extrapyramidal reactions
   AND
2. (a) If member is being treated for schizophrenia, schizoaffective disorder or mood disorder, documentation member has had an inadequate response to at least ONE of the following alternative approaches to treat extrapyramidal symptoms (EPS): (i) Adjustments to possible offending medication(s) known to cause EPS (dose reduction or discontinuation) were attempted but ineffective in resolving EPS symptoms, OR (ii) Switched from a first-generation to a second-generation antipsychotic, OR (iii) Switched to an antipsychotic with a different mechanism of action (i.e., xanomeline/trospium) OR (iv) Member is not a candidate for a trial of dose reduction, tapering, discontinuation of the offending medication or switching to an alternative antipsychotic therapy
   OR
   (b) If being treated with metoclopramide, then prescriber must provide a rationale why discontinuation is not possible.
   AND
3. Documentation of inadequate response*, serious side effects, or contraindication to a minimum 2-week trial of immediate-release amantadine (capsule, tablet, or oral solution) [DOCUMENTATION REQUIRED]
   *Inadequate response is defined as failure to achieve and maintain improvement in symptoms after a compliant trial on the recommended dose for a sufficient period
   AND
4. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Osmolex ER (amantadine) include: patients with end-stage renal disease (CrCl < 15 mL/min/1.73m2)]

CONTINUATION OF THERAPY:

A. DYSKINESIA IN PARKINSONS:
1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
3. Documentation of positive clinical response as demonstrated by low disease activity and/or

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improvements in the condition's signs and symptoms.
AND

4. Documentation member continues levodopa-based therapy

B. DRUG INDUCED EXTRAPYRAMIDAL REACTIONS [OSMOLEX ER ONLY]:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
3. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms

DURATION OF APPROVAL:
Initial authorization:12 months, Continuation of therapy:12 months

PRESCRIBER REQUIREMENTS:
Prescribed by, or in consultation with, a board-certified neurologist, psychiatrist, or physician experienced in the treatment of Parkinson's disease. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:
18 years of age and older

QUANTITY:
Gocovri: Maximum dosage: 274 mg/day
Osmolex: Maximum dosage is 322 mg/day

PLACE OF ADMINISTRATION:
The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral

DRUG CLASS:
Antiparkinson Dopaminergics

FDA-APPROVED USES:
Gocovri is indicated:

- For treatment of dyskinesia in patients with Parkinson's disease receiving levodopa- based therapy, with or without concomitant dopaminergic medications
- 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
- Drug-induced extrapyramidal reactions in adult patients

COMPENDIAL APPROVED OFF-LABELED USES:

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Drug and Biologic Coverage Criteria
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Amantadine ER is the first FDA-approved medication for the treatment of levodopa-induced dyskinesia inpatients with Parkinson disease.

Amantadine IR has been used alone to treat early PD or as an adjunct in later stages, usually in patients with levodopa-induced dyskinesias. Amantadine may be effective in controlling tremor, which is often resistant to dopaminergic treatment. In some patients, however, the symptomatic benefit of amantadine can last only a few weeks. Amantadine is started at a dose of 100 mg once daily, which can be increased to 100 mg 3 times daily. Nausea, dizziness, insomnia, confusion, hallucinations, peripheral edema, and livedo reticularis can occur. High serum concentrations of amantadine can cause severe psychosis, particularly in the elderly.

Amantadine ER dose form was designed as a chrono-synchronous formulation to maximize therapeutic benefit by increasing exposure to amantadine during waking hours, when levodopa-induced episodes are more frequent, and decreasing exposure during sleeping hours. Amantadine, an antiviral drug, acts as an antagonist at N-methyl-D-aspartate (NMDA) receptors. Its precise mechanism of action in PD is unknown.

FDA approval of ER amantadine was based on the results of two double-blind trials (EASE LID, EASE LID 3) in a total of 196 levodopa-treated patients with PD and troublesome dyskinesia were randomized to treatment with ER amantadine or placebo. In both trials, improvement in performance on the Unified Dyskinesia Rating Scale (UDysRS) from baseline to week 12, the primary endpoint, was significantly greater with ER amantadine than with placebo. Mean "on" time without troublesome dyskinesia also improved significantly more at 12 weeks with active treatment.

Adverse effects of ER amantadine reported in clinical trials were similar to those observed with IR amantadine. The most commonly observed adverse reactions occurring at a frequency of >10% and greater than placebo were hallucination, dizziness, dry mouth, peripheral edema, constipation, fall, and orthostatic hypotension.

In clinical trials, extended-release amantadine was more effective than placebo in reducing dyskinesia and increasing "on" time without troublesome dyskinesia in patients taking levodopa- based therapy.

No direct comparisons (head-to-head) were conducted with amantadine immediate-release formulations or other active treatments in clinical trials.

Drug-induced extrapyramidal reactions (EPS) are movement disorders caused by dopamine receptor blockade, most commonly associated with antipsychotic medications and certain antiemetics (e.g., metoclopramide, prochlorperazine). These reactions can manifest as acute dystonia, parkinsonism, akathisia, and tardive dyskinesia, often varying in onset and severity. Management depends on the specific type and timing of symptoms. Drug-induced parkinsonism can be treated with anticholinergics or dopaminergic agents. Amantadine, an NMDA receptor antagonist with dopaminergic activity, plays a role in managing drug-induced parkinsonism and tardive dyskinesia, offering an alternative to traditional anticholinergics with potentially fewer cognitive side effects in older adults.

Xanomeline/Trospium is a novel muscarinic agonist/antagonist approved to treat schizophrenia in adults. In clinical trials, there were no significant changes in weight, lipid levels, glucose, insulin, or alertness. It is also

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not expected to cause tardive dyskinesia. The most common adverse reactions with this therapy were nausea, dyspepsia, constipation, vomiting, hypertension, abdominal pain, diarrhea, tachycardia, dizziness, and gastroesophageal reflux disease. The product label does not carry antipsychotic class warnings or precautions, and it does not include a Boxed Warning. It is contraindicated in patients with urinary retention, moderate or severe kidney or liver disease, gastric retention, untreated narrow-angle glaucoma, or hypersensitivity.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of amantadine extended-release are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Osmolex ER and Gocovri include: patients with end-stage renal disease (i.e., creatinine clearance below 15 mL/min/1.73 m2).

OTHER SPECIAL CONSIDERATIONS:
Osmolex ER extended-release tablet is not interchangeable with other amantadine immediate- or extended-release formulations. Gocovri is not interchangeable with other amantadine immediate- or extended-release products.

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Gocovri CP24 68.5MG, 137MG
Osmolex ER TB24 129MG, 193MG
Osmolex ER T4PK 129 & 193MG

REFERENCES

1. Gocovri (amantadine) extended-release capsules, for oral use [prescribing information]. Emeryville, CA: Adamas Pharma, LLC; July 2025.
2. Osmolex ER (amantadine) extended-release tablets, for oral use [prescribing information]. Emeryville, CA: Adamas Pharma, LLC. March 2021.
3. National Institute of Neurological Disorders and Stroke. Focus on Parkinson's Disease Research. www.ninds.nih.gov.
4. American Academy of Neurology. Parkinson's Disease. American Academy of Neurology Foundation. 2017. Accessed at: http://patients.aan.com/disorders/?event=view&disorder_id=1029. Accessed on February 21, 2017.
5. Pahwa, R, MD, et al. Practice Parameters: Treatment of Parkinson Disease With Motor Fluctuations and Dyskinesia (An Evidenced Based Review). Neurology. April 11, 2006: 66(7); 983-995.

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6. de Bie, R. M. A., Katzenschlager, R., Swinnen, B. E. K. S., Peball, M., Lim, S., Mestre, T. A., … Sampaio, C. (2025). Update on Treatments for Parkinson's Disease Motor Fluctuations – An International Parkinson and Movement Disorder Society Evidence-Based Medicine Review. Movement Disorders, 40(5). https://doi.org/10.1002/mds.30162

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION-Notable revisions: Required Medical Information Available Dosage Forms References	Q2 2026
REVISION-Notable revisions: Required Medical Information Background References	Q2 2025
REVISION-Notable revisions: Required Medical Information Quantity	Q2 2024
REVISION-Notable revisions: Required Medical Information Continuation of Therapy Contraindications/Exclusions/Discontinuation Other Special Considerations References	Q2 2023
REVISION-Notable revisions: Duration of Approval Available Dosage Forms References	Q2 2022
Q2 2022 Established tracking in new format	Historical changes on file

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