Gocovri/Osmolex (amantadine ER caps/tabs)
Policy Number: C13296A

CRITERIA EFFECTIVE DATES:

ORIGINAL EFFECTIVE DATE	LAST REVIEWED DATE	NEXT REVIEW DATE
07/2018	01/2019	01/2020
J CODE	**TYPE OF CRITERIA**	**LAST P&T APPROVAL**
NA	RxPA	Q3

PRODUCTS AFFECTED: Gocovri (amantadine ER capsules), Osmolex (amantadine ER tabs)

DRUG CLASS: Antiparkinson Dopaminergics

ROUTE OF ADMINISTRATION: Oral

PLACE OF SERVICE: Retail Pharmacy

AVAILABLE DOSAGE FORMS: Gocovri CP24 137MG, Gocovri CP24 68.5MG, Osmolex ER TB24 129MG, Osmolex ER TB24 193MG, Osmolex ER TB24 258MG

FDA-APPROVED USES:
Gocovri-indicated for the treatment of dyskinesia in patients with Parkinson disease receiving levodopa-based therapy, with or without concomitant dopaminergic medications.
Osmolex ER- Treatment of Parkinson's disease AND Treatment of drug-induced extrapyramidal reactions in adult patients

COMPENDIAL APPROVED OFF-LABELED USES: None

COVERAGE CRITERIA: INITIAL AUTHORIZATION

DIAGNOSIS: Treatment of Parkinson's disease AND Treatment of drug-induced extrapyramidal reactions in adult patients

REQUIRED MEDICAL INFORMATION:

A. DYSKINESIA IN PARKINSONS[GOCVORI ONLY]:
   1. Documented diagnosis of dyskinesia in Parkinson disease
      AND
   2. Member must be stable on a levodopa based therapy
      AND
   3. Patient must have had trial and failure of at least one adjunctive therapy (i.e. selegiline, entacapone, pramiprexole, ropinirole, rasagiline)
      AND
   4. Must have a documented inadequate response, clinical intolerance, or contraindication to 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

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

1. (a) If patient is being treated for schizophrenia, schizoaffective disorder or mood disorder, then prescriber must provide a rationale as to why a lower dose is not being used AND why switching to a 2nd generation antipsychotic if on a 1st generation is not available
   OR
   (b) If being treated with metoclopromaide, then prescriber must provide a rationale why discontinuation is not possible.
   AND
2. Must have a documented inadequate response, clinical intolerance, or contraindication to 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

DURATION OF APPROVAL: Initial authorization: 6 months, Continuation of therapy: 6 months

QUANTITY:
Gocovri: Maximum dosage: 274 mg/day, only a 1-month supply may be dispensed at a time
Osmolex: maximum dosage is 258mg/day, only a 1-month supply may be dispensed at a time

PRESCRIBER REQUIREMENTS: Prescribed by, or in consultation with, a board-certified neurologist or physician experienced in the treatment of dyskinesia in Parkinson's disease. Submit consultation notes if applicable. NOTE: Consultation notes must be submitted for initial request and for continuation of treatment requests at least ONCE annually.

AGE RESTRICTIONS: 18 year of age and older

GENDER: Male and female

CONTINUATION OF THERAPY:

A. DYSKINESIA IN PARKINSONS:
   1. Must meet be the initial criteria above
      AND
   2. Patient must have experienced an increase in ON time without troublesome dyskinesia while on therapy
      AND
   3. Patient must have experienced a decrease in OFF time while on therapy
      AND
   4. The patient has not experienced any severe adverse reactions (e.g. suicidal ideation or behavior, hallucinations, etc.)
      AND
   5. Adherence to therapy at least 85% of the time as verified by Prescriber and member's medication fill history (review Rx history for compliance), including: Adherent to the prescribed medication regimen ,Tolerance to therapy, No severe adverse reactions or drug toxicity

B. DRUG INDUCED EXTRAPYRAMIDAL REACTIONS[OSMOLEX ER ONLY]:
   1. Patient continues to meet initial criteria.
      AND
   2. Adherence to therapy at least 85% of the time as verified by Prescriber and member's medication fill history (review Rx history for compliance), including: Adherent to the prescribed medication regimen ,Tolerance to therapy, No severe adverse reactions or drug toxicity

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION: All other uses of Gocovri (amantadine extended-release) that are not an FDA-approved indication or not included in the 'Coverage Criteria' section of this policy are considered not medically necessary. This is subject to change based on research and medical literature, or at the discretion of Molina Healthcare.
Osmolex ER and Gocovri are contraindicated in patients with end-stage renal disease (i.e., creatinine clearance below 15 mL/min/1.73 m2).

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

BACKGROUND:

Amantadine ER is the first FDA-approved medication for the treatment of levodopa-induced dyskinesia in patients 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.

APPENDIX: None

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