

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Amantadine Extended-Release Agents

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization

Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial Publication and presentation to the DUR Board



Amantadine ER Agents

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
GOCOVRI ER 137 MG CAPSULE	43788
GOCOVRI ER 68.5 MG CAPSULE	43787
OSMOLEX ER 129 MG TABLET	44471
OSMOLEX ER 193 MG TABLET	44472
OSMOLEX ER 258 MG TABLET	44473



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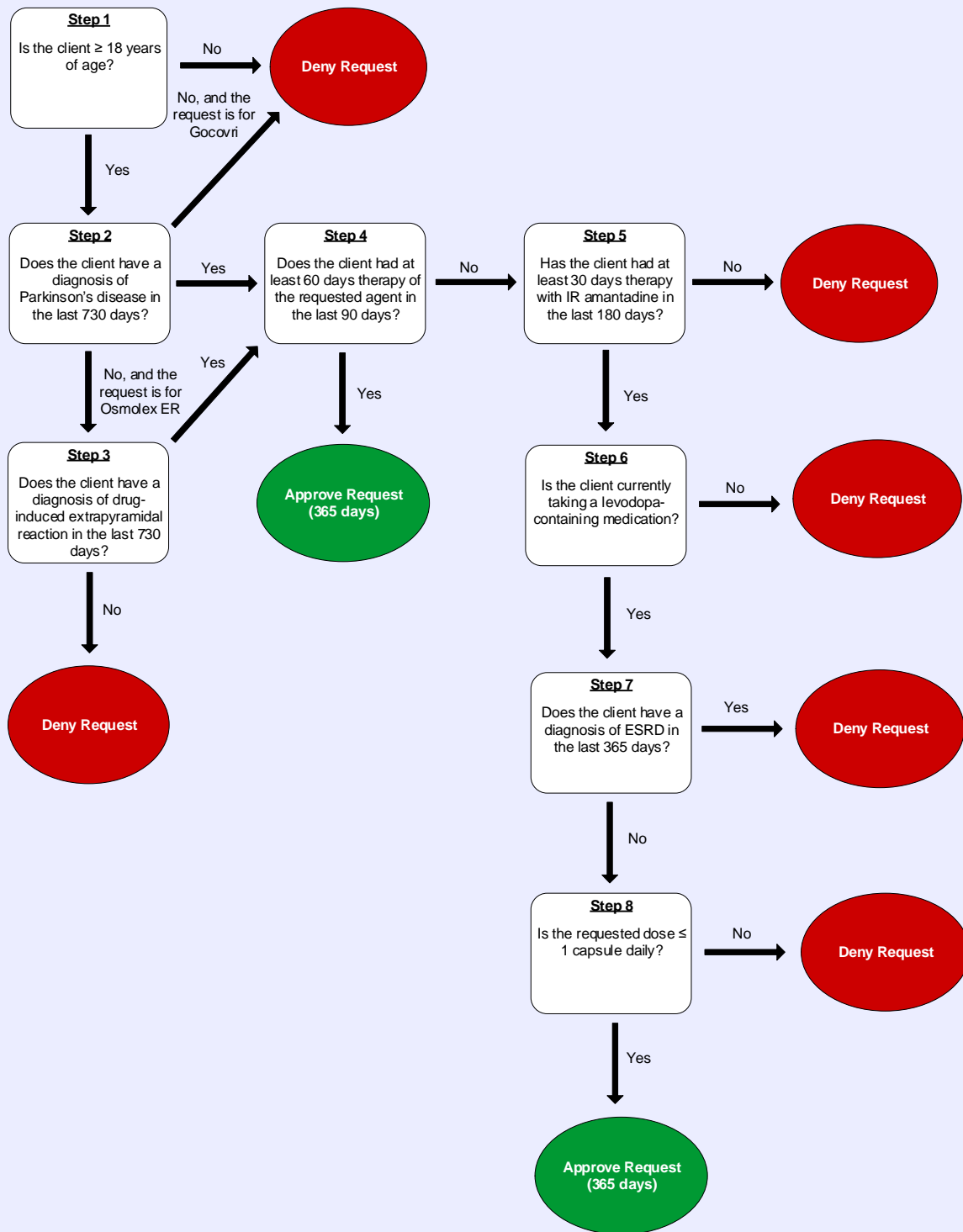
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a **diagnosis of Parkinson's disease** in the last 730 days?
 Yes (Go to #4)
 No (And request is for Osmolex ER, go to #3)
 No (And request is for Gocovri, deny)
3. Does the client have a **diagnosis of drug-induced extrapyramidal reaction** in the last 730 days?
 Yes (Go to #4)
 No (Deny)
4. Has the client had at least 60 days therapy of the requested agent in the last 90 days?
 Yes (Approve – 365 days)
 No (Go to #5)
5. Has the client had a trial (at least 30 days therapy in the last 60 days) of **immediate-release amantadine** in the last 180 days?
 Yes (Go to #6)
 No (Deny)
6. Is the client currently taking a **levodopa-containing medication**?
 Yes (Go to #7)
 No (Deny)
7. Does the client have a **diagnosis of end stage renal disease (ESRD)** in the last 365 days?
 Yes (Deny)
 No (Go to #8)
8. Is the requested dose less than or equal to (\leq) 1 capsule daily?
 Yes (Approve – 365 days)
 No (Deny)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 2 (diagnosis of Parkinson's disease) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
G20	PARKINSON'S DISEASE

Step 3 (diagnosis of drug-induced extrapyramidal reaction) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
G251	DRUG-INDUCED TREMOR
G254	DRUG-INDUCED CHOREA
G2561	DRUG-INDUCED TICS
G2570	DRUG-INDUCED MOVEMENT DISORDER, UNSPECIFIED
G2571	DRUG-INDUCED AKATHISIA
G2579	OTHER DRUG-INDUCED MOVEMENT DISORDERS

Step 5 (history or IR amantadine) Required days supply: 30 Look back timeframe: 180 days	
Label Name	GCN
AMANTADINE 50 MG/5 ML SOLUTION	17530
AMANTADINE 100 MG TABLET	17521
AMANTADINE 100 MG CAPSULE	17520

Step 6 Current therapy with a levodopa-containing medication	
Label Name	GCN
INBRIJA 42 MG INHALATION CAP	45975
CARBIDOPA-LEVODOPA 10-100 TAB	62740

Step 6	
Current therapy with a levodopa-containing medication	
Label Name	GCN
CARBIDOPA-LEVODOPA 25-100 TAB	62741
CARBIDOPA-LEVODOPA 25-250 TAB	62742
CARBIDOPA-LEVO ER 25-100 TAB	62592
CARBIDOPA-LEVO ER 50-200 TAB	62591
CARBIDOPA-LEVO 10-100 MG ODT	23285
CARBIDOPA-LEVO 25-100 MG ODT	23286
CARBIDOPA-LEVO 25-250 MG ODT	23287
CARBIDOPA-LEVODOPA 50 MG-ENTA	20150
CARBIDOPA-LEVODOPA 75 MG-ENTA	14473
CARBIDOPA-LEVODOPA 100 MG-ENTA	20146
CARBIDOPA-LEVODOPA 125 MG-ENTA	14474
CARBIDOPA-LEVODOPA 150 MG-ENTA	20145
CARBIDOPA-LEVODOPA 200 MG-ENTA	98948
DUOPA 4.63 MG-20 MG/ML SUSP	37829
RYTARY ER 23.75 MG-95 MG CAP	37693
RYTARY ER 36.25 MG-145 MG CAP	37694
RYTARY ER 48.75 MG-195 MG CAP	37695
RYTARY ER 61.25 MG-245 MG CAP	37696
SINEMET 10-100 MG TABLET	62740
SINEMET 25-100 MG TABLET	62741
SINEMET 25-250 MG TABLET	62742
STALEVO 100 MG TABLET	20146
STALEVO 150 MG TABLET	20145
STALEVO 200 MG TABLET	98948
STALEVO 50 MG TABLET	20150
STALEVO 75 MG TABLET	14473

Step 7 (diagnosis of ESRD)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
N186	END STAGE RENAL DISEASE



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Clinical Criteria References

1. 2021 ICD-10-CM Diagnosis Codes. 2021. Available at www.icd10data.com. Accessed on January 22, 2021.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2021. Available at www.clinicalpharmacology.com. Accessed on January 22, 2021.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on January 22, 2021.
4. Gocovri Prescribing Information. Emeryville, CA. Adamas Pharma, LLC. March 2020.
5. Osmolex ER Prescribing Information. Bridgewater, NJ. Vertical Pharmaceuticals, LLC. January 2020.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/22/2021	<ul style="list-style-type: none">• Initial publication and presentation to the DUR Board