



Amantadine Extended-Release Agents Clinical Edit Criteria

Drug/Drug Class:

Amantadine Extended-Release Agents

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. This clinical edit criteria applies to all Superior HealthPlan STAR, STAR Health, STAR Kids, STAR+PLUS and CHIP members. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. Superior has changed the quantity limit for all Amantadine ER agents from less than or equal to (\leq) 1 capsule daily to less than or equal to (\leq) 2 capsules daily. Adjusted criteria steps are outlined/highlighted in yellow.

The original clinical edit can be referenced at the Texas VDP website located at https://paxpress-txpa.acentra.com/Amantadine_ER_Clin_Edit_Criteria.pdf

Clinical Edit Information Included in this Document:

Amantadine ER Agents

- **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 edit criteria logic.
- **Diagnosis codes or drugs in step logic:** a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable

Please note: All tables are provided by original Texas VDP Amantadine Extended-Release Agents Edit.

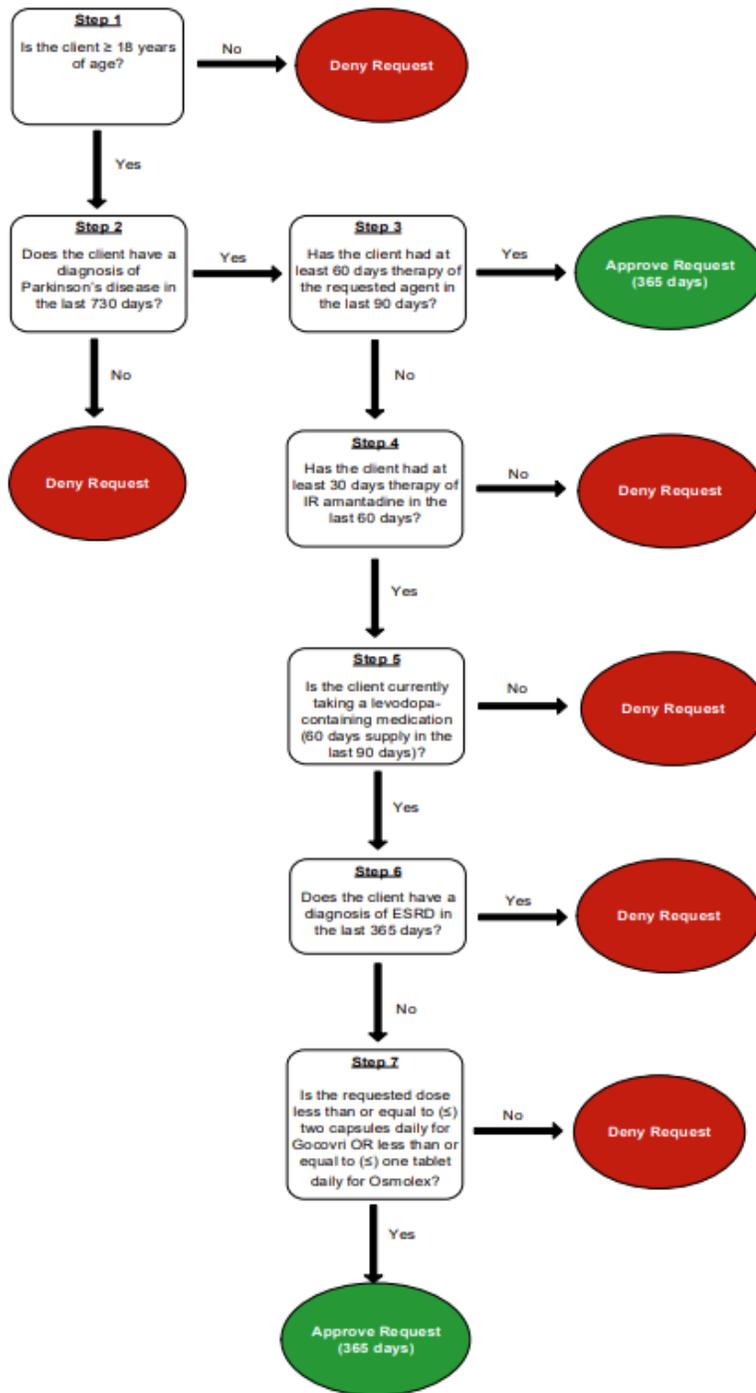
Drugs Requiring Prior Authorization Amantadine ER Agents:

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

Superior HealthPlan Clinical Criteria Logic Amantadine ER Agents:

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 #3)
 No (Deny)
3. 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 #4)
4. Has the client had a trial (at least 30 days therapy in the last 60 days) of immediate-release amantadine?
 Yes (Go to #5)
 No (Deny)
5. Is the client currently taking a levodopa-containing medication (at least 60 days supply in the last 90 days)?
 Yes (Go to #6)
 No (Deny)
6. Does the client have a diagnosis of end stage renal disease (ESRD) in the last 365 days?
 Yes (Deny)
 No (Go to #7)
7. Is the requested dose less than or equal to (\leq) 2 capsules daily for Gocovri OR less than or equal to (\leq) one tablet daily for Osmolex?
 Yes (Approve – 365 days)
 No (Deny)

Superior HealthPlan Clinical Edit Logic Diagram Amantadine ER Agents:



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 4 (history of 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 5 Current therapy with a levodopa-containing medication	
Label Name	GCN
INBRIJA 42 MG INHALATION CAP	45975
CARBIDOPA-LEVODOPA 10-100 TAB	62740
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 6 (diagnosis of ESRD)
Required diagnosis: 1
Look back timeframe: 365 days

ICD-10 Code	Description
N186	END STAGE RENAL DISEASE

Clinical Criteria References:

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at www.clinicalpharmacology.com. Accessed on September 15, 2024.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on April 26, 2025.
3. Gocovri Prescribing Information. Emeryville, CA. Supernus Pharmaceuticals. March 2023.
4. Osmolex ER Prescribing Information. Emer. Adamas Pharma, LLC. March 2021.
5. Liang, Tsao-Wei. Medical management of motor fluctuations and dyskinesia in Parkinson disease. UpToDate. 2024.

Publication History:

Publication	Notes
01/22/2021	<ul style="list-style-type: none">• Initial publication and presentation to the DUR Board
01/27/2021	<ul style="list-style-type: none">• Updated with recommendations from the DUR Board
09/20/2021	<ul style="list-style-type: none">• Updated medications requiring prior authorization• Updated references
11/11/2021	<ul style="list-style-type: none">• Annual review by staff• Removed GCN for Osmolex ER 258mg tablet (44473) – no longer on formulary• Updated references
10/18/2022	<ul style="list-style-type: none">• Annual review by staff• Updated references
09/29/2023	<ul style="list-style-type: none">• Updated references• Updated drug class description• Removed ICD-10 code G211 from Step 3
03/28/2024	<ul style="list-style-type: none">• Annual review by staff• Updated references• Updated Clinical Criteria Logic• Removed Step 3 diagnosis of drug induced extra pyramidal symptoms
5/30/2025	<ul style="list-style-type: none">• Removed GCN for Osmolex ER (44472) from the "Drugs Requiring Prior Authorization" section – product discontinued• Updated question 7 to specify max dose for individual agents• Updated references