

Osmolex ER (amantadine extended release)
Effective 10/01/2020

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Osmolex ER is a noncompetitive NMDA receptor antagonist used for the treatment of Parkinson’s disease and drug induced extrapyramidal symptoms.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Osmolex ER excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member has a diagnosis of Parkinson’s disease or the treatment of drug induced extrapyramidal symptoms
2. The member is \geq 18 years of age
3. The member has had an inadequate response, adverse reaction, or contraindication to immediate release amantadine

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member’s condition.

Limitations

1. Initial approvals and reauthorizations will be approved for 24 months.
2. The following quantity limits apply:

Osmolex ER therapy pack	1-time fill
Osmolex ER 129mg, 193mg, and 258mg	30 tablets per 30 days

References

1. Amantadine hydrochloride capsules [prescribing information]. High Point, NC: Banner Life Sciences LLC; December 2015.
2. Amantadine hydrochloride oral solution [prescribing information]. Farmville, NC: CMP Pharma Inc; January 2015.
3. Amantadine hydrochloride tablets [prescribing information]. Yardley, PA: Vensun Pharmaceuticals, Inc.; January 2019.
4. Osmolex ER (amantadine) [prescribing information]. Bridgewater, NJ: Vertical Pharmaceuticals, LLC; October 2019.

Review History

09/16/2020 – Reviewed and Created Sept P&T Mtg. Effective 10/01/2020.

11/16/2022 – Reviewed for Nov P&T. Separated out MH vs Comm/Exch. No clinical changes.

