

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

|                              |   |  |  |  |
|------------------------------|---|--|--|--|
| <b>Plan</b>                  | <input type="checkbox"/> MassHealth UPPL<br><input checked="" type="checkbox"/> Commercial/Exchange |  | <b>Program Type</b>                        | <input checked="" type="checkbox"/> Prior Authorization                          |
| <b>Benefit</b>               | <input checked="" type="checkbox"/> Pharmacy Benefit<br><input type="checkbox"/> Medical Benefit    |  |  | <input type="checkbox"/> Quantity Limit<br><input type="checkbox"/> Step Therapy |
| <b>Specialty Limitations</b> | N/A   |  |  |  |
| <b>Contact Information</b>   | <b>Medical Benefit</b><br><b>Pharmacy Benefit</b>   |  | Phone: 833-895-2611<br>Phone: 800-711-4555 | Fax: 888-656-6671<br>Fax: 844-403-1029   |
| <b>Exceptions</b>            | 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.

