

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Amantadine Extended-Release Agents

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

Clinical Criteria 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

Annual review by staff

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



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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas 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



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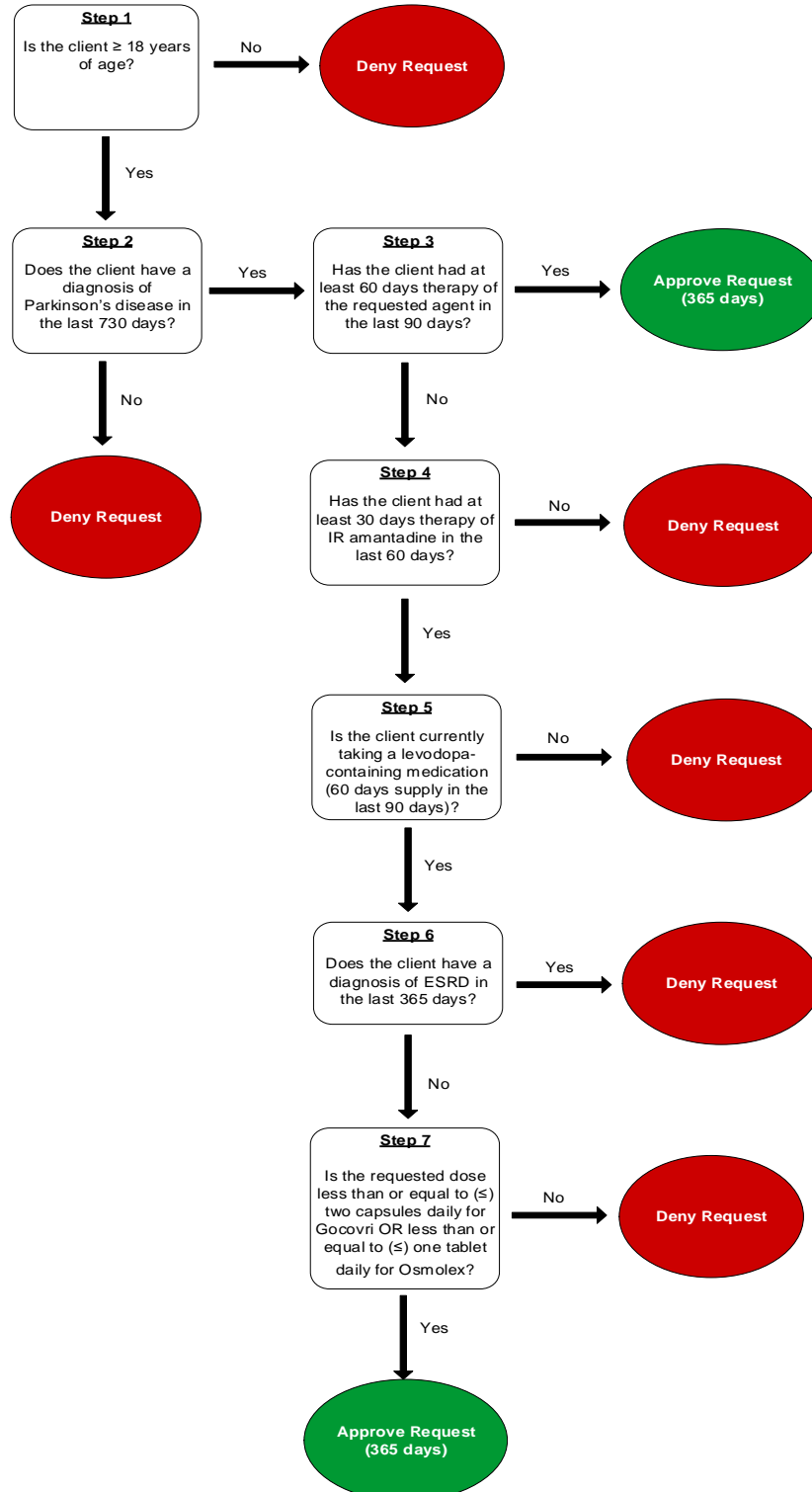
Clinical Criteria Logic

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 #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 \(IR\) 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) two capsules daily for Gocovri OR less than or equal to (\leq) one tablet daily for Osmolex?
☐ Yes – Approve (365 days)
☐ No – Deny



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Table 2 (diagnosis of Parkinson's disease) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
G20.A1	PARKINSON'S DISEASE WITHOUT DYSKINESIA, WITHOUT MENTION OF FLUCTUATIONS
G20.A2	PARKINSON'S DISEASE WITHOUT DYSKINESIA, WITH FLUCTUATIONS
G20.B	PARKINSON'S DISEASE WITH DYSKINESIA
G20.B1	PARKINSON'S DISEASE WITH DYSKINESIA, WITHOUT FLUCTUATIONS
G20.B2	PARKINSON'S DISEASE WITH DYSKINESIA, WITH FLUCTUATIONS
G20.C	PARKINSONISM, UNSPECIFIED
G21.19	DRUG-INDUCED PARKINSONISM

Table 4 (history of IR amantadine) Required days supply: 30 Look back timeframe: 60 days	
GCN	Label Name
17530	AMANTADINE 50 MG/5 ML SOLUTION
17521	AMANTADINE 100 MG TABLET
17520	AMANTADINE 100 MG CAPSULE

Table 5 (current therapy with a levodopa-containing medication) Required days supply: 60 days Look back timeframe: 90 days	
GCN	Label Name
45975	INBRIJA 42 MG INHALATION CAP
62740	CARBIDOPA-LEVODOPA 10-100 TAB
62741	CARBIDOPA-LEVODOPA 25-100 TAB
62742	CARBIDOPA-LEVODOPA 25-250 TAB
62592	CARBIDOPA-LEVO ER 25-100 TAB
62591	CARBIDOPA-LEVO ER 50-200 TAB
23285	CARBIDOPA-LEVO 10-100 MG ODT
23286	CARBIDOPA-LEVO 25-100 MG ODT
23287	CARBIDOPA-LEVO 25-250 MG ODT
20150	CARBIDOPA-LEVODOPA 50 MG-ENTA
14473	CARBIDOPA-LEVODOPA 75 MG-ENTA
20146	CARBIDOPA-LEVODOPA 100 MG-ENTA
14474	CARBIDOPA-LEVODOPA 125 MG-ENTA
20145	CARBIDOPA-LEVODOPA 150 MG-ENTA
98948	CARBIDOPA-LEVODOPA 200 MG-ENTA
56113	CREXONT ER 35 MG-140 MG CAP
56114	CREXONT ER 52.5 MG-210 MG CAP
56112	CREXONT ER 70 MG-280 MG CAP
56115	CREXONT ER 87.5 MG-350 MG CAP
37829	DUOPA 4.63 MG-20 MG/ML SUSP
37693	RYTARY ER 23.75 MG-95 MG CAP
37694	RYTARY ER 36.25 MG-145 MG CAP
37695	RYTARY ER 48.75 MG-195 MG CAP

Table 5 (current therapy with a levodopa-containing medication) Required days supply: 60 days Look back timeframe: 90 days	
GCN	Label Name
37696	RYTARY ER 61.25 MG-245 MG CAP
62740	SINEMET 10-100 MG TABLET
62741	SINEMET 25-100 MG TABLET
62742	SINEMET 25-250 MG TABLET
20146	STALEVO 100 MG TABLET
20145	STALEVO 150 MG TABLET
98948	STALEVO 200 MG TABLET
20150	STALEVO 50 MG TABLET
14473	STALEVO 75 MG TABLET

Table 6 (diagnosis of end-stage renal disease (ESRD)) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
N186	END STAGE RENAL DISEASE

**Amantadine ER Agents****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.



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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
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 258 mg tablet (44473) – no longer on formulary Updated references
10/18/2022	<ul style="list-style-type: none"> Annual review by staff Updated references
02/28/2024	<ul style="list-style-type: none"> Annual review by staff Updated references
01/17/2025	<ul style="list-style-type: none"> Annual review by staff 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