

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Osmolex ER (amantadine extended-release tablets)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Osmolex ER (amantadine extended-release tablets)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Osmolex ER (amantadine extended-release) may be approved if the following criteria are met:

- I. Individual is using for one of the following:
 - A. Parkinson's disease; **OR**
 - B. Drug-induced extrapyramidal reactions in adults.

Osmolex ER (amantadine extended-release) may not be approved for:

- I. Individuals with end-stage renal disease (creatinine clearance below 15 mL/min/1.73 m²).

Note: Osmolex ER is not interchangeable with other amantadine immediate-or extended-release products.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 3, 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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