

Pharmacy Medical Necessity Guidelines: Gocovri™ (amantadine extended-release)

Effective: January 12, 2021

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| Prior Authorization Required | √ | Type of Review – Care Management | |
| Not Covered | | Type of Review – Clinical Review | √ |
| Pharmacy (RX) or Medical (MED) Benefit | RX | Department to Review | RXUM |
| <p>These pharmacy medical necessity guidelines apply to the following:</p> <p>Commercial Products</p> <input type="checkbox"/> Tufts Health Plan Commercial products – large group plans <input type="checkbox"/> Tufts Health Plan Commercial products – small group and individual plans <input type="checkbox"/> Tufts Health Freedom Plan products – large group plans <input type="checkbox"/> Tufts Health Freedom Plan products – small group plans <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>Tufts Health Public Plans Products</p> <input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product) <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan | | <p>Fax Numbers: RXUM: 617.673.0988</p> | |

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FOOD AND DRUG ADMINISTRATION-APPROVED INDICATIONS

Gocovri™ (amantadine) is indicated for the treatment of dyskinesia in patients with Parkinson’s disease receiving levodopa-based therapy, with or without dopaminergic drugs. Gocovri™ is available as 68.5 mg and 137 mg capsules. The initial daily dosage is 137 mg once daily at bedtime. After one week, the dose can be increased to the recommended daily dosage of 274 mg once daily at bedtime. A lower dose is recommended for patients with moderate or severe renal impairment.

COVERAGE GUIDELINES

The plan may authorize coverage of Gocovri™ (amantadine extended-release) for Members, when **all** of the following criteria are met:

- Member has a diagnosis of dyskinesia associated with Parkinson’s disease
- AND**
- Member has been receiving levodopa-based therapy
- AND**
- Member has as an inadequate response or intolerance to amantadine immediate release

LIMITATIONS

None

CODES

None

REFERENCES

- Gocovri (amantadine extended-release) [prescribing information]. Emeryville, CA: Adamas Pharma, LLC; March 2020.

APPROVAL HISTORY

December 12, 2017: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

- November 13, 2018: Administrative changes made to template.
- February 12, 2019: No changes.
- January 14, 2020: No changes.
- January 12, 2021: No changes.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's

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health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

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