Overview of Amantadine DR/ER (Gocovri®) Peer-Reviewed Publications

Phase 1/2	
Pharmacokinetics[1]	Amantadine DR/ER can be administered once-daily at bedtime to achieve high plasma concentrations in the morning and throughout the day
Phase 2/3 EASED	
Primary Publication[2]	Amantadine DR/ER 274 mg was found to provide greatest anti-dyskinetic effect with better safety profile than other dose options
Phase 3 EASE LID	
Primary Publication[3]	Amantadine DR/ER significantly improved dyskinesia and OFF time in a 25-week, double-blind placebo-controlled study
Phase 3 EASE LID 3	
Primary Publication[4]	Amantadine DR/ER significantly improved dyskinesia and OFF time in a 13-week, double-blind placebo-controlled study
Pooled Phase 3	
Primary Publication[5]	Amantadine DR/ER can be used adjunctively to levodopa for treatment of both dyskinesia and OFF time in PD patients with dyskinesia
Episodes (Post hoc)[6]	Amantadine DR/ER treated patients experienced fewer, shorter periods of both troublesome dyskinesia and OFF
Activities of Daily Living (Post hoc)[7]	Amantadine DR/ER treatment improves both patient- and clinician-reported ADLs
5-2-1 Criteria (Post hoc)[8]	Amantadine DR/ER is effective to treat motor complications in patients meeting 5-2-1 criteria for device aided therapy
Without Dyskinesia (Post hoc)[9]	Amantadine DR/ER treatment more than doubled the daily time patients spent ON without dyskinesia
MDS-UPDRS Part I (Post hoc)[10]	Amantadine DR/ER treatment showed statistically significant improvement in daytime sleepiness and depression
MDS-UPDRS Part II (Post hoc)[11]	Over half of Amantadine DR/ER-treated patients had clinically relevant improvement in MDS-UPDRS Part II
OFF Effect (Post hoc)[12]	Treatment with Amantadine DR/ER significantly improves OFF time compared to placebo
Dyskinesia MCIC (Post hoc)[13]	An 8-point reduction in the UDysRS total score can be considered an MCIC for PD patients with dyskinesia
Dystonia Effect (Post hoc)[14]	Amantadine DR/ER yielded a sustained reduction in OFF-related dys-tonia in PD patients that was independent from a reduction in OFF time
Phase 3 EASE LID 2	
Interim Analysis[15]	Long-term durability and tolerability were shown from the double-blind studies through participation in the open-label study up to 88 weeks
Amantadine IR Switch[16]	Amantadine DR/ER provides incremental reduction from baseline in dyskinesia in patients switched directly from amantadine IR, without exacerbating adverse events
Primary Publication[17]	Amantadine DR/ER is safe and tolerable with durable efficacy through 2 years

MCIC: Minimally Clinically Important Change; **MDS-UPDRS:** Movement Disorder Society-Unified Parkinson's Disease Rating Scale; **PD:** Parkinson's Disease.

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