# Commercial PA Criteria

***Effective: March 2004***

***Prior Authorization:*** Cholinesterase Inhibitors

***Products Affected:*** Aricept 23/ODT (donepezil)**,** Exelon capsules/patches (rivastigmine)**,** memantine ER tablets, Namenda (memantine hcl)**,** Namenda XR (memantine extended-release)**,** Namzaric (memantine/donepezil)**,** Razadyne (galantamine), Adlarity (donepezil hydrochloride patch), memantine/donepezil

***Medication Description:*** Reversible acetylcholinesterase (AChE) inhibitors' therapeutic effect in Alzheimer's disease stems mainly from an increase in the concentration of acetylcholine through the reversible inhibition of its hydrolysis by acetylcholinesterase.

***Covered Uses:***
Aricept: Treatment of dementia of the Alzheimer's type.
Namenda/XR (memantine): Treatment of moderate to severe dementia of the Alzheimer's type.
Namzaric and memantine/donepezil: Treatment of moderate to severe dementia of the Alzheimer's type in patients stabilized on 10 mg of donepezil hydrochloride once daily.
Exelon: Treatment of mild-to-moderate dementia associated with Parkinson's disease (PD), treatment of mild-to-moderate dementia of the Alzheimer's type (AD)
Razadyne/ER: Treatment of mild to moderate dementia of the Alzheimer's type.
Adlarity: Treatment of mild, moderate, and severe dementia of the Alzheimer's type

***Exclusion Criteria:***

1. Aricept and Adlarity: Patients with known hypersensitivity to donepezil hydrochloride or to piperidine derivatives.
2. Exelon: Patients with: known hypersensitivity to rivastigmine, other carbamate derivatives, or a previous history of application site reaction with rivastigmine transdermal patch suggestive of allergic contact dermatitis, in the absence of negative allergy testing
3. Namzaric and memantine/donepezil: Patients with known hypersensitivity to memantine hydrochloride, donepezil hydrochloride, or piperidine derivatives.
4. Razadyne: Patients with known hypersensitivity to galantamine hydrobromide.

***Required Medical Information:***

1. Diagnosis [documentation required]
2. Previous medications tried/failed
3. Current therapy regimen

***Age Restrictions:*** Prior authorization is required for patients less than 50 years old.

***Prescriber Restrictions:*** N/A

***Coverage Duration:*** 12 months

***Other Criteria:***

A. Patient has a diagnosis of dementia; **AND**
B. Patient has a clinically documented diagnosis of the Alzheimer's type; **AND**
C. If the request is for Namzaric or memantine/donepezil, patient is stable on 10 mg of donepezil hydrochloride once daily; **OR**
D. Patient has a clinically documented diagnosis of Parkinson's disease - Exelon (rivastigmine) ONLY*.

***References:***


1. Namenda full prescribing information Forest Pharmaceuticals, Inc. St. Louis MO
2. Facts & Comparisons online
3. Aricept [package insert] Eisai Inc
4. Adlarity [package insert] Corium, Inc. Accessed Aug 2022


***Policy Revision history***

| Rev # | Type of Change | Summary of Change | Sections Affected | Date |
|---|---|---|---|---|
| 1 | New Policy | New Policy | All | 03/2004 |
| 2 | Update | Moved to updated template<br>Revision History: 3/16, 2/17 | All | 02/05/2020 |
| 3 | Update | Covered uses<br>Exclusion criteria | Added covered use for Exelon to align with FDA label: treatment of mild-to-moderate dementia of the Alzheimer's type (AD).<br>Added exclusion criteria to Exelon: a previous history of application site reaction with rivastigmine transdermal patch suggestive of allergic contact dermatitis, in the absence of negative allergy testing | 4/28/2020 |
| 4 | Update | Products Affected<br>Covered Uses | Addition of Adlarity to Products Affected | 8/25/2022 |
| 5 | Update | Added memantine/donepezil to affected products, covered uses, exclusion criteria and other criteria | Products Affected, covered uses, exclusion criteria and other criteria | 2/17/2025 |