



**GEORGIA MEDICAID FEE-FOR-SERVICE
ALZHEIMER’S AGENTS PA SUMMARY**

Preferred	Non-Preferred
Donepezil generic Donepezil ODT generic Exelon Patch (rivastigmine) Galantamine tablets generic Galantamine ER generic Memantine IR tablets, titration pack generic Rivastigmine capsules generic	Donepezil 23 mg generic Memantine ER capsules generic Memantine oral solution generic Namenda XR Titration Pak (memantine ER) Namzaric and Namzaric Titration Pak (memantine and donepezil)

IR=immediate-release; ODT=orally disintegrating tablet; ER=extended-release

LENGTH OF AUTHORIZATION: 1 Year

NOTE:

- If a titration pack is approved, the approval is for one time only.

PA CRITERIA:

Donepezil 23 mg Generic

- ❖ Approvable for members with a diagnosis of moderate to severe Alzheimer’s Disease who have been taking donepezil 10 mg once daily for 3 or more months or for members who are already stabilized on the donepezil 23 mg dosage form in the past 60 days.

Memantine Extended-Release Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic memantine IR, is not appropriate for the member.

Memantine Oral Solution Generic

- ❖ Approvable for members with a diagnosis of moderate to severe Alzheimer’s Disease unable to swallow solid dosage formulations of medication.

Namenda XR Titration Pak

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic memantine IR titration pack, is not appropriate for the member.

Namzaric and Namzaric Titration Pak

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the separate preferred products, generic memantine IR and generic donepezil, are not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.



- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.