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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tr>
<td>Donepezil generic</td>
<td>Donepezil 23 mg generic</td>
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<tr>
<td>Donepezil ODT generic</td>
<td>Memantine ER capsules generic</td>
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<tr>
<td>Exelon Patch (rivastigmine)</td>
<td>Memantine oral solution generic</td>
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<tr>
<td>Galantamine tablets generic</td>
<td>Namenda XR Titration Pak (memantine ER)</td>
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<td>Galantamine ER generic</td>
<td>Namzaric and Namzaric Titration Pak (memantine and donepezil)</td>
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<tr>
<td>Memantine IR tablets, titration pack generic</td>
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<tr>
<td>Rivastigmine capsules generic</td>
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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.

Revised 1/1/2020
• 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.