



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

| Preferred | Non-Preferred |
|--|---|
| Donepezil tablets, ODT generic Galantamine IR, ER generic Memantine IR tablets, titration pack generic Rivastigmine capsules, patch generic | Adlarity (donepezil patch) Galantamine oral solution generic Memantine ER capsules, oral solution generic Namzaric and Namzaric Titration Pak (memantine and donepezil) Zunveyl (benzgalantamine) |

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

LENGTH OF AUTHORIZATION: 1 year

NOTE:

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

PA CRITERIA:

Adlarity

- ❖ Approvable for members unable to swallow solid oral dosage formulations of medication or who have experienced an intolerable gastrointestinal (GI) side effect with oral donepezil.

Memantine Extended-Release Generic

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

Galantamine Oral Solution Generic and Memantine Oral Solution Generic

- ❖ Approvable for members unable to swallow solid oral dosage formulations of medication.

Namzaric and Namzaric Titration Pak

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

Zunveyl

- ❖ Approvable for members 18 years of age or older with mild to moderate dementia of the Alzheimer’s type who have experienced inadequate response, allergies contraindications, drug-drug interaction or intolerable side effects with the following preferred products: donepezil, galantamine and rivastigmine.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.