



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

<b>Preferred</b>	<b>Non-Preferred</b>
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)

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:**

*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, generic 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, 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](http://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](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.