



ANTIDEMENTIA DRUGS PA SUMMARY

Preferred	Non-Preferred
Donepezil generic Donepezil ODT generic Exelon oral solution, patch (rivastigmine) Galantamine tablets generic Galantamine ER generic Namenda (memantine) Namenda XR (memantine extended-release) Razadyne oral solution (galantamine) Rivastigmine capsules generic	Aricept 23 mg (donepezil) Donepezil 23 mg generic Galantamine oral solution generic

LENGTH OF AUTHORIZATION: 1 Year

NOTE:

- ❖ If generic donepezil 23 mg is approved, the PA will be issued for the brand Aricept 23 mg.

PA CRITERIA:

Aricept 23 mg and Donepezil 23 mg Generic

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

Galantamine Oral Solution Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, brand Razadyne oral solution, is 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 **Catamaran at 1-866-525-5827.**

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.