



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIDEMENTIA DRUGS PA SUMMARY**

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

LENGTH OF AUTHORIZATION: 1 Year

NOTE:

- ❖ If generic donepezil 23 mg is approved, the PA will be issued for 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 reasons the preferred product, brand Razadyne oral solution, is not appropriate for the member.

Memantine Oral Solution Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Namenda oral solution, is not appropriate for the member.

Memantine Titration Pack Generic and Namenda XR Titration Pak

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Namenda Titration Pak, is not appropriate for the member.

Namenda XR

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



Namzaric

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

Rivastigmine Patch Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Exelon Patch, 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 **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.