I. POLICY

It is the policy of UPMC Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

The Cholinestrase Inhibitor drugs are subject to the prior authorization process.

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to define the prior authorization process for Cholinestrase Inhibitors

IV. SCOPE

This policy applies to the Pharmacy Services Department.
V. **PROCEDURE**

Criteria for Cholinesterase Inhibitor Medications

- Cholinesterase Inhibitors [Donepezil (Aricept), Rivastigmine (Exelon), and Galantamine (Razadyne/Razadyne ER)] are used for the treatment of mild-to-moderate Alzheimer’s dementia. Donepezil (Aricept) has an additional indication for severe Alzheimer’s disease. Memantine (Namenda) is indicated for moderate to severe Alzheimer’s dementia. These agents do not cure the disease or reverse the disease process, however, they can improve and maintain the functional status of the members. To promote the appropriate use of these agents in mild to moderate dementia, the following criteria must be met:
  - Member must have a primary diagnosis of Alzheimer’s dementia; and,
  - Member must have at least one of three of the following characteristics: memory loss, other cognitive changes, or mood/behavior changes.

- Exelon is also used for the treatment of dementia associated with Parkinson's disease. To promote the appropriate use of Exelon, the following criteria must be met:
  - Member must have a diagnosis of mild to moderate dementia associated with Parkinson’s disease, and
  - Member must have at least one of three of the following characteristics: memory loss, other cognitive changes, or mood/behavior changes

- If a member does not meet the above approval criteria, the request will be referred to a UPMC Health Plan Medical Director for review.
- The member’s social support system will be evaluated for case management purposes.

**Bibliography**