



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DONEPEZIL

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DONEPEZIL HCL	ADLARITY		52053 52054	GPI-14 (62051025108820) (62051025108830)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of dementia associated with Alzheimer's disease and meet **ALL** of the following criteria?
 - The patient had a trial of or contraindication to TWO generic oral acetylcholinesterase inhibitors (e.g., donepezil, galantamine)
 - The patient had a trial of or contraindication to one generic acetylcholinesterase inhibitor patch (e.g., rivastigmine)

If yes, **approve all strengths for 12 months by GPID or GPI-14 with a quantity limit of #4 per 28 days.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DONEPEZIL (Adlarity)** requires the following rule(s) be met for approval:

- A. You have dementia (a type of memory disorder) associated with Alzheimer's disease (a progressive brain disorder that slowly destroys memory and thinking skills)
- B. You had a trial of or contraindication (harmful for) to TWO generic oral acetylcholinesterase inhibitors (such as donepezil, galantamine)
- C. You had a trial of or contraindication (harmful for) to one generic acetylcholine inhibitor patch (such as rivastigmine)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Adlarity.

REFERENCES

- Adlarity [Prescribing Information]. Grand Rapids, MI: Astellas Corium, Inc.; March 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 07/18/22

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P&T Approval: 01/22