

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

EXELON (all dosage forms)
(rivastigmine)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Alzheimer's Disease

Exelon is indicated for the treatment of mild to moderate dementia of the Alzheimer's type. Exelon Patch is indicated for the treatment of dementia of the Alzheimer's type (AD). Efficacy has been demonstrated in patients with mild, moderate, and severe Alzheimer's disease.

Parkinson's Disease Dementia

Exelon and Exelon Patch are also indicated for the treatment of mild to moderate dementia associated with Parkinson's disease (PDD).

Compendial Uses

Dementia with Lewy bodies^{2, 7, 8}

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has any of the following diagnoses, supported by a validated cognitive assessment within the past 12 months: A) dementia of the Alzheimer's type, B) mild to moderate dementia associated with Parkinson's disease, C) dementia with Lewy bodies

REFERENCES

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5. Rabins P, Blacker D, Rovner B. Practice Guideline for the Treatment of Patients with Alzheimer's Disease and Other Dementias, Second Edition. *Am J Psychiatry*. 2007; 164(12S):1-56.
6. Qaseem A, Snow V, Cross T, et al. Current Pharmacological Treatment of Dementia: A Clinical Practice Guideline from the American College of Physicians and the American Academy of Family Physicians. *An Intern Med* 2008; 148:370-378.

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7. Miyasaki JM, Shannon K, Ravina B, et al. Practice Parameter: Evaluation and Treatment of Depression, Psychosis, and Dementia in Parkinson Disease. *Neurology* 2006; 66:996-1002.
8. McKeith I, Del Ser T, Spano P, et al. Efficacy of rivastigmine in dementia with Lewy bodies: a randomised, double-blind, placebo-controlled international study. *Lancet* 2000; 356:2031-2036.