



Missouri Pharmacy Program – Preferred Drug List



Alzheimer's Agents and Cholinesterase Inhibitors

Effective 05/21/2008

Revised 01/06/2011

Preferred Agents

- Aricept® Tabs/ODT
- Exelon® Caps/Patch/Soln
- Namenda® Tabs/Soln
- **Rivastigmine Caps**

Non-Preferred Agents

- Razadyne®
- Razadyne® ER
- Cognex®
- Galantamine
- Galantamine ER
- **Donepezil**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.