



# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Alzheimer's Agents, Acetylcholinesterase Inhibitors, N-Methyl-D-Aspartate Receptor Antagonists & Combinations PDL Edit
<b>First Implementation Date:</b>	May 21, 2008
<b>Proposed Date:</b>	December 15, 2022
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state specific preferred drug list.

**Why Issue Selected:** Alzheimer's Disease (AD) is the most common cause of dementia, accounting for 60 to 70 percent of dementia disorders in the elderly. AD is characterized by progressive cognitive decline associated with impairment of activities of daily living and behavioral disturbances. Patients with AD eventually lose all cognitive, analytical, and physical functioning. Although the causes of AD have not been completely identified, the etiology of the disease is thought to be multifactorial. The discovery of vast cholinergic cell loss has led to the cholinergic hypothesis and the development of drugs that target the cholinergic system. The cholinergic hypothesis suggests that a dysfunction of acetylcholine (ACh)-containing neurons in the brain plays a large role in the decline of cognitive function seen in patients with AD. The degree of cognitive impairment is related to the amount of cholinergic loss and the density of extracellular amyloid plaques. These plaques significantly interfere with neuronal transmission.

Acetylcholinesterase inhibitors (AChEIs) exert their therapeutic effect by enhancing cholinergic function by increasing the concentration of ACh through reversible inhibition of its hydrolysis by AChE. The resulting ACh improves cognition. Glutamate, the primary excitatory amino acid in the central nervous system, may contribute to the pathogenesis of AD by overstimulating various glutamate receptors leading to excitotoxicity and neuronal cell death. N-methyl-D-aspartate (NMDA) receptor antagonists, such as memantine, are uncompetitive antagonists of the NMDA type of glutamate receptors.

Aduhelm™ (aducanumab-avwa), an intravenously administered amyloid beta-directed antibody, will not be reviewed within this PDL edit. Criteria for Aduhelm approval can be found within the Aduhelm Clinical Edit.

Total program savings for the PDL classes will be regularly reviewed.



## Default Approval Period

1 year

## References

- Evidence-Based Medicine and Fiscal Analysis: “Therapeutic Class Review: CENTRAL NERVOUS SYSTEM: Alzheimer’s Agents, Acetylcholinesterase Inhibitors, N-Methyl-D-Aspartate Receptor Antagonists and Combinations”, Gainwell Technologies; Last updated October 19, 2022.
- Evidence-Based Medicine Analysis: “Alzheimer’s Agents”, UMKC-DIC; August 2022.
- USPDI, Micromedex; 2022.
- Drug Facts and Comparisons On-line; 2022.

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