

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Alzheimer's Agents (Acetylcholinesterase Inhibitors, N-Methyl-D-Aspartate Receptor Antagonists & Combinations of Both) PDL Edit
<b>First Implementation Date:</b>	May 21, 2008
<b>Proposed Date:</b>	December 17, 2020
<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 part 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 CNS, 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.

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

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> <li>• Donepezil ODT</li> <li>• Donepezil 5, 10mg Tabs</li> <li>• Exelon® Patch</li> <li>• Memantine Tabs</li> </ul>	<ul style="list-style-type: none"> <li>• Aricept®</li> <li>• Donepezil 23mg Tabs</li> <li>• Galantamine Soln/Tabs</li> <li>• Galantamine ER</li> <li>• Memantine Soln</li> <li>• Memantine ER</li> <li>• Namenda®</li> <li>• Namenda® XR</li> <li>• Namzaric®</li> <li>• Razadyne®</li> <li>• Razadyne® ER</li> <li>• Rivastigmine</li> </ul>

- Type of Criteria:  Increased risk of ADE  Preferred Drug List  
 Appropriate Indications  Clinical Edit
- Data Sources:  Only Administrative Databases  Databases + Prescriber-Supplied

### Setting & Population

- Drug class for review: Alzheimer’s Agents (Acetylcholinesterase Inhibitors, N-Methyl-D-Aspartate Receptor Antagonists & Combinations of Both)
- Age range: All appropriate MO HealthNet participants

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents **OR**
- Documented compliance on current therapy regimen
- For Namzaric: Documented compliance on memantine and donepezil single agents (90/120 days)

### Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- For Donepezil: claim is dosed above 1 tablet per day

### Required Documentation

Laboratory Results:  Progress Notes:   
 MedWatch Form:  Other:

### Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)  
 Rule Type: PDL

## Default Approval Period

1 year

## References

1. Drug Effectiveness Review Project – Drug Class Review on Alzheimer’s Drugs. Center for Evidence-Based Policy, Oregon Health & Science University; June 2006/Updated (Scan Report) October 2016.
2. Evidence-Based Medicine and Fiscal Analysis: “Alzheimer’s Agents – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; October 2020.
3. Evidence-Based Medicine Analysis: “Alzheimer’s Agents”, UMKC-DIC; June 2020.
4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2019.
5. USPDI, Micromedex; 2020.
6. Drug Facts and Comparisons On-line; 2020.

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### *SmartPA PDL Proposal Form*

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