



Missouri Pharmacy Program – Preferred Drug List



Alzheimer's Agents & Cholinesterase Inhibitors

Effective 05/21/2008

Revised 04/05/2018

Preferred Agents

- Donepezil Tablets
- Donepezil ODT
- Exelon® Transdermal Patch
- Memantine Tablets

Non-Preferred Agents

- Aricept® Tablets/ODT
- Aricept-23®
- Donepezil 23mg
- Exelon® Capsules/Solution
- Galantamine ER Capsules
- Galantamine Tablets/Solution
- Memantine Solution
- Namenda® Solution
- Namenda® Tablets
- Namenda® XR Capsules
- Namzaric® ER Capsules
- Razadyne® Tablets
- Razadyne® ER Capsules
- Rivastigmine Capsules
- Rivastigmine Transdermal Patch

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
- Drug Prior Authorization Hotline: (800) 392-8030