PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

EXELON (rivastigmine)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Alzheimer's Disease

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.

Rivastigmine tartrate capsules are indicated for the treatment of mild to moderate dementia of the Alzheimer's type (AD).

Parkinson's Disease Dementia

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

Compendial Uses

Dementia with Lewy bodies^{3,5}

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: A) dementia of the Alzheimer's type, B) mild to moderate dementia associated with Parkinson's disease, C) dementia with Lewy bodies

AND

- If the request is for continuation of therapy, the medication continues to provide benefit to the patient [Note: If slowing decline of cognitive function is no longer a goal, or if the patient is rapidly declining, treatment with the medication is no longer appropriate.]
- If the request is NOT for continuation of therapy, the diagnosis is supported by a validated cognitive assessment within the past 12 months

REFERENCES

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- Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed April 28, 2022
- 5. 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;356:2031-36.
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