

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.

Parkinson's Disease Dementia

Exelon Patch is indicated for the treatment of mild to moderate dementia associated with Parkinson's disease (PDD).

Rivastigmine tartrate capsules are indicated for the treatment of mild to moderate dementia associated with Parkinson's disease

Compendial Uses

Dementia with Lewy bodies^{4,5}

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

- The request is for continuation of therapy

AND

- 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.]

OR

- The request is NOT for continuation of therapy

AND

- The diagnosis is supported by a validated cognitive assessment within the past 12 months

Duration of Approval(DOA):

- 85-A: DOA: 36 months
- 509-A: DOA: 12 months

REFERENCES

1. Exelon Patch [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. June 2020.
2. Rivastigmine Tartrate Capsules [package insert]. Congers, NY: Chartwell RX, LLC. January 2023.

Exelon PA Policy 85-A, 509-A UDR 06-2023

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3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed April 28, 2023.
4. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/28/2023).
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.
6. Rabins P, Blacker D, Rovner B, et al. Practice Guideline for the Treatment of Patients with Alzheimer's Disease and Other Dementias, Second Edition. *Am J Psychiatry*. 2007;164(12S):1-56.
7. Rabins P, Rovner B, Rummans T, et al. Guideline Watch (October 2014): Practice Guideline for the Treatment of Patients with Alzheimer's Disease and Other Dementias. 2014;1-26.
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9. Qaseem A, Snow V, Cross T, et al. Current Pharmacological Treatment of Dementia: A Clinical Practice Guideline from the American College of Physicians and the American Academy of Family Physicians. *Ann Intern Med*. 2008;148:370-78.

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