



Missouri Pharmacy Program – Preferred Drug List



Alzheimer's Agents & Cholinesterase Inhibitors

Effective 05/21/2008

Revised 01/05/2012

Preferred Agents

- Aricept® Tabs/ODT
- Exelon® Caps/Patch/Soln
- Namenda® Tabs/Soln

Non-Preferred Agents

- Razadyne®
- Razadyne® ER
- Cognex®
- Galantamine
- Galantamine ER
- Donepezil Tabs/ODT
- **Rivastigmine Caps**
- Aricept-23®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030