

## Clinical Pharmacy Program Guidelines for Aricept 23mg

Program	Step Therapy
Medication	Aricept 23mg (donepezil)
Markets in Scope	California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	12/2010
Pharmacy and Therapeutics Approval Date	8/2020
Effective Date	10/2020

### 1. Background:

Aricept is an acetylcholinesterase inhibitor indicated for the treatment of dementia of the Alzheimer's type. Efficacy has been demonstrated in patients with mild, moderate, and severe Alzheimer's Disease.

A dose of 10 mg once daily can be administered once patients have been on a daily dose of 5 mg for 4 to 6 weeks. A dose of 23 mg once daily can be administered once patients have been on a dose of 10 mg once daily for at least 3 months.

Automated Step Therapy Criteria: A claim for donepezil 23mg will process at the point of sale if the patient's drug fill history shows a 90 day trial of donepezil at a minimum dose of 10mg daily.

### 2. Coverage Criteria:

#### **A. Authorization Criteria**

1. Donepezil 23mg will be approved for patients who have a history of failure, contraindication, or intolerance to donepezil at a minimum dose of 10mg daily for 90 days.

**Authorization will be issued for 12 months.**

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

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**4. References:**

1. Aricept [package insert]. Woodcliff Lake, NJ: Eisai Inc.; December 2018.

Program	Step Therapy –Aricept 23mg (donepezil)
<b>Change Control</b>	
Date	Change
12/2010	New policy
9/2011	Annual review, no change
9/2012	Annual review, updated indications section
12/2015	Annual review, no change
10/2016	Annual review, updated policy template and changed authorization durations to 12 months
7/2017	Moved automated step therapy criteria to the background. Updated the language in the authorization section.
7/2018	Annual review. Updated references.
7/2019	Annual review. Updated references.
7/2020	Annual review. Added Additional Clinical Rules and updated references.