

Clinical Pharmacy Program Guidelines for Namzatic

Program	Prior Authorization
Medication	Namzatic (memantine extended-release/donepezil)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania-CHIP, Rhode Island, South Carolina
Issue Date	6/2015
Pharmacy and Therapeutics Approval Date	6/2020
Effective Date	8/2020

1. Background:

Namzatic is a combination of memantine extended-release, an N-methyl-D-aspartate (NMDA) receptor antagonist, and donepezil, an acetylcholinesterase inhibitor, indicated for the treatment of moderate to severe dementia of the Alzheimer’s type in patients stabilized on 10 mg of donepezil once daily.

2. Coverage Criteria:

<p>A. <u>Authorization Criteria</u></p> <p style="margin-left: 40px;">1. <u>Both</u> of the following:</p> <p style="margin-left: 80px;">a. History of both of the following:</p> <ul style="list-style-type: none"> • Memantine (generic Namenda) • Donepezil (generic Aricept) <p style="text-align: center; margin-left: 80px;">-AND-</p> <p style="margin-left: 80px;">b. Patient is stabilized on 10mg of donepezil once daily</p> <p style="margin-left: 40px;">Authorization will be issued for 12 months.</p>

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.

4. References:

1. Namzaric [package insert]. Madison, NJ: Allergan USA, Inc.; January 2019.

Program	Namzaric (memantine extended-release/donepezil)
Change Control	
Date	Change
6/18/2015	New Policy
11/2016	Updated policy template.
2/2017	Updated background and policy template
4/2018	Annual Review. Updated references.
6/2019	Revised step therapy language to align with preferred products. Updated references.
6/2020	Annual review. Added requirement that patients must be stabilized on 10mg of donepezil to match prescribing information.