

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Namzaric (memantine extended-release/donepezil)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Namzaric (memantine extended-release/donepezil) 14mg/10mg, 28mg/10mg	1 capsule per day

APPROVAL CRITERIA

Requests for Namzaric (memantine extended-release and donepezil) may be approved if the following criterion is met:

- I. Individual has a diagnosis of moderate to severe dementia of the Alzheimer's type; **AND**
- II. Individual is stabilized on donepezil (Aricept) 10 mg **and** either of the following:
 - a. Memantine (Namenda) 5 mg or 10 mg twice daily; **OR**
 - b. Memantine extended-release (Namenda XR) 14 mg or 28 mg once daily;

AND

- III. Individual is unable to utilize donepezil and memantine/XR separately for reasons such as but not limited to caregiver or administration concerns.

State Specific Mandates		
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2015. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 14, 2015.

DrugPoints[®] System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2015. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2015; Updated periodically.

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