

Clinical Policy: Alzheimer's Agents

Reference Number: PHW.PDL.011

Effective Date: 01/01/2020

Last Review Date: 11/2025

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health and Wellness® that Alzheimer's Agents are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Alzheimer's Agents

A. Prescriptions That Require Prior Authorization

Prescriptions for Alzheimer's Agents that meet any of the following conditions must be prior authorized:

1. A non-preferred Alzheimer's Agent. See the Preferred Drug List (PDL) for the list of preferred Alzheimer's Agents at: <https://papdl.com/preferred-drug-list>.
2. An Alzheimer Agent with a prescribed quantity that exceeds the quantity limit.
3. An Acetylcholinesterase Inhibitor Alzheimer's Agent when there is a record of a recent paid claim for another Acetylcholinesterase Inhibitor (therapeutic duplication).

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Alzheimer's Agent, the determination of whether the requested prescription is medically necessary will take into account whether the member:

1. For a non-preferred Alzheimer's Agent, has a history of therapeutic failure, contraindication, or intolerance of the preferred Alzheimer's Agents.

AND

2. For therapeutic duplication, **one** of the following:

- a. Is being titrated to, or tapered from, another Acetylcholinesterase Inhibitor
- b. Has medical reason for concomitant use of the requested drugs that is supported by peer-reviewed literature or national treatment guidelines

AND

3. If a prescription for an Alzheimer's Agent is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the member does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for a prescription for an Alzheimer's Agent. If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient

D. Approval Duration: 12 months

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021 annual review: no changes.	01/2021
Q1 2022: revised according to DHS revisions effective 01/03/2022	10/2021
Q1 2023 annual review: no changes.	11/2022
Q1 2024 annual review: no changes.	11/2023
Q1 2025 annual review: no changes.	11/2024
Q1 2026 annual review: no changes.	11/2025