



Medical Necessity Criteria for Aricept 23 mg

Background - Aricept 23 mg (donepezil) is an acetylcholinesterase inhibitor used to treat Alzheimers disease. Other drugs in the Alzheimers agent class include other acetylcholinesterase inhibitors donepezil (Aricept 5, 10 mg and generics), galantamine (Razadyne, Razadyne ER), rivastigmine (Exelon) and the NMDA receptor antagonist memantine (Namenda). After evaluating the relative clinical and cost effectiveness of Aricept 23 mg, the DoD P&T Committee recommended that donepezil 23 mg (Aricept 23 mg) be designated as non-formulary. This recommendation has been approved by the Director, TMA.

Effective Date: July 2011

Patients currently using Aricept 23 mg may wish to ask their doctor to consider a formulary alternative.

Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for Aricept 23 mg*, **

Uniform Formulary Status	Medication	Military Treatment Facilities (MTFs) (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail Network (up to a 30-day supply)
Non-Formulary (Tier 3)	Donepezil 23 mg (Aricept 23 mg)	Not available**	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary: Brand Name (Tier 2)	Rivastigmine (Exelon patch, solution) Memantine (Namenda)	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1)	Donepezil 5, 10mg (generics) Rivastigmine (generics) Galantamine, galantamine ER (generics)	\$0	Generic cost share applies	Generic cost share applies

* Active duty cost share always \$0 in all points of service for all three tiers; active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary.

** MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

Medical Necessity Criteria for Aricept 23 mg

1. Use of the formulary alternative has resulted in therapeutic failure.

Criteria recommended by the DoD Pharmacy & Therapeutics Committee at the February 2011 meeting & approved by the Director, TMA on 9 May 2011. For more information, please see the [DoD P & T Committee Minutes](#).

www.tricare.mil is the official Web site of the
TRICARE Management Activity,
a component of the [Military Health System](#)
Skyline 5, Suite 810, 5111 Leesburg Pike,
Falls Church, VA 22041-3206

