UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Namzaric

Program	Step Therapy
Medication	Namzaric (memantine extended release/donepezil)
Pharmacy and Therapeutics Approval Date	11/2016
Effective Date	1/2017

1. Background:

Indications

Alzheimer's disease - moderate-to-severe dementia
Indicated for the treatment of moderate to severe dementia of the Alzheimer's type in patients stabilized on: memantine hydrochloride (10 mg twice daily or 28 mg extended-release once daily) and donepezil hydrochloride 10 mg, or memantine hydrochloride (5 mg twice daily or 14 mg extended-release once daily) and donepezil hydrochloride 10 mg (in patients with severe renal impairment).

2. Coverage Criteria:

A. Authorization Criteria

1. History of both of the following:
   - Any one Namenda product
   - Donepezil

Authorization will be issued for 12 months.

3. References:

1. Namzaric Prescribing Information. Forest Pharmaceuticals, Inc., December 2014.

Program	Step Therapy- Namzaric (memantine extended release/donepezil)
Change Control	
Date	Change
6/18/2015	New Policy
11/2016	Updated policy template.