

Clinical Pharmacy Program Guidelines for Aricept 23mg

Program	Step Therapy
Medication	Aricept 23mg (donepezil)
Issue Date	12/2010
Pharmacy and Therapeutics Approval Date	7/2017
Effective Date	9/2017

1. Background:

Aricept is an acetylcholinesterase inhibitor indicated for the treatment of dementia of the Alzheimer’s type. Efficacy has been demonstrated in patients with mild, moderate, and severe Alzheimer’s Disease.

A dose of 10 mg once daily can be administered once patients have been on a daily dose of 5 mg for 4 to 6 weeks. A dose of 23 mg once daily can be administered once patients have been on a dose of 10 mg once daily for at least 3 months.

Automated Step Therapy Criteria: A claim for donepezil 23mg will process at the point of sale if the patient’s drug fill history shows a 90 day trial of donepezil at a minimum dose of 10mg daily.

2. Coverage Criteria:

<p>A. <u>Authorization Criteria</u></p> <p>1. Donepezil 23mg will be approved for patients who have a history of failure, contraindication, or intolerance to donepezil at a minimum dose of 10mg daily for 90 days.</p> <p>Authorization will be issued for 12 months.</p>

3. References:

1. Aricept [package insert]. Woodcliff Lake, NJ: Eisai Inc. ; July 2015.
2. Clinical Pharmacology Gold Standard. 2012.
3. Facts and Comparisons 4.0; 2012.

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Change Control	
Date	Change
Dec 2010	New policy
Sept 2011	Annual review, no change
Sept 2012	Annual review, updated indications section
Dec 2015	Annual review, no change
Oct 2016	Annual review, updated policy template and changed authorization durations to 12 months
July 2017	Moved automated step therapy criteria to the background. Updated the language in the authorization section.