# BRAND NAME (generic)

EXELON (all dosage forms) (rivastigmine)

Status: CVS Caremark Criteria Type: Initial Prior Authorization

# POLICY

## FDA-APPROVED INDICATIONS

Alzheimer's Disease

Exelon is indicated for the treatment of mild to moderate dementia of the Alzheimer's type.

Exelon Patch is indicated for the treatment of dementia of the Alzheimer's type (AD). Efficacy has been demonstrated in patients with mild, moderate, and severe Alzheimer's disease.

Parkinson's Disease Dementia

Exelon and Exelon Patch are also indicated for the treatment of mild to moderate dementia associated with Parkinson's disease (PDD).

<u>Compendial Uses</u> Dementia with Lewy bodies<sup>2, 7, 8</sup>

### **COVERAGE CRITERIA**

The requested drug will be covered with prior authorization when the following criteria are met:

• The patient has any of the following diagnoses, supported by a validated cognitive assessment within the past 12 months: A) dementia of the Alzheimer's type, B) mild to moderate dementia associated with Parkinson's disease, C) dementia with Lewy bodies

### **REFERENCES**

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- 7. Miyasaki JM, Shannon K, Ravina B, et al. Practice Parameter: Evaluation and Treatment of Depression, Psychosis, and Dementia in Parkinson Disease. *Neurology* 2006; 66:996-1002.
- 8. McKeith I, Del Ser T, Spano P, et al. Efficacy of rivastigmine in dementia with Lewy bodies: a randomised, doubleblind, placebo-controlled international study. *Lancet* 2000; 356:2031-2036.

Exelon Policy 85-A, 509-A 05-2018

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