

# Quick Reference Drug List

## Alzheimer's

US Script Contact Information: Prior Authorization Phone: 1-866-399-0928  
 Prior Authorization Fax: 1-866-399-0929  
 Clinical Hours: Monday – Friday  
 10:00am – 8:00pm EST



Peach State Contact Information: Provider Inquiry Phone: 1-866-874-0633

Key: \* = Generic product available

Please note: This document is not meant to be an all-encompassing view of either the Medicaid PDL or Medicare Formulary. It is a supplemental document meant to be used as quick reference for those providers may who find it useful.

Drug	Dosage Form	Medicaid PDL Status
<b>Cholinesterase Inhibitors</b>		
donepezil* (Aricept®) Aricept ODT®	Tabs: 5mg, 10mg, 23mg (BRAND only this strength) ODT: 5mg, 10mg	Yes– except 23mg
galantamine* (Razadyne®) (Razadyne ER®)	Tabs: 4mg, 8mg, 12mg Caps ER: 8mg, 16mg, 24mg Sol: 4mg/mL	Yes
rivastigmine tartrate* (Exelon®)	Caps: 1.5mg, 3mg, 4.5mg, 6mg Sol: 2mg/mL (BRAND) Patch: 4.6mg/24HR, 9.5mg/24 HR (BRAND)	Yes – capsules only
<b>NMDA Receptor Antagonists</b>		
Namenda® (memantine)	Tabs: 5mg, 10mg Sol: 10mg/5ml	PA required