

ALZHEIMER'S MEDICATIONS BHP MEDICAID COVERAGE



MEDICATION	DOSAGE FORM	STRENGTH	MEDICAID COVERAGE
Acetylcholinesterase Inhibitor			
*Donepezil (Aricept®)	Tablet	5mg, 10mg	Covered, MDD: 1 per day
		23mg	PA
	ODT tablet	5mg, 10mg	Covered, MDD: 1 per day
*Galantamine (Razadyne®)	ER Capsule	8mg, 16mg, 24mg	Covered, MDD: 1 per day
	Solution	4mg/mL	Covered, MDD: 6mL per day
	Tablet	4mg, 8mg, 12mg	Covered, MDD: 2 per day
*Rivastigmine (Exelon®)	Capsule	1.5mg, 3mg, 4.5mg, 6mg	Covered, MDD: 2 per day
Exelon Patch®	Patch	4.6mg/ 24hr, 9.5mg/24hr, 13.3mg/24hr	PA
NMDA Receptor Antagonist			
*Memantine	Tablet	5mg, 10mg	Covered
	Solution	2mg/mL	PA
Namenda XR®	ER Capsule	7mg, 14mg, 21mg, 28mg	PA
	Titration pack	7mg & 14mg & 21mg & 28mg	PA
Combination Product			
Memantine/Donepezil (Namzaric®)	ER capsule	7/10mg, 14/10mg, 21/10mg, 28/10mg	PA

Covered = Medication on preferred drug list (PDL) without requirement of prior authorization. Restrictions may apply such as quantity limits.

*Generic equivalent available

ABBREVIATIONS: ER/XR = extended-release, MDD: = max daily dose, ODT = oral disintegrating tablet, PA = prior authorization required