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|---|---|
| **Clinical Policy Title:** | memantine, memantine/donepezil |
| **Policy Number:** | RxA.242 |
| **Drug(s) Applied:** | Namenda XR®, Namzaric® |
| **Original Policy Date:** | 02/07/2020 |
| **Last Review Date:** | 06/10/2021 |
| **Line of Business Policy Applies to:** | All lines of business |

## Background

The following are agents containing an N-methyl-D-aspartate (NMDA) receptor antagonist requiring prior authorization: memantine extended-release (Namenda XR®) and memantine/donepezil hydrochloride (Namzaric®).

Namenda XR® is indicated for the treatment of moderate to severe dementia of the Alzheimer's type.

Namzaric® is indicated for the treatment of moderate to severe dementia of the Alzheimer's type in patients stabilized on 10 mg of donepezil hydrochloride once daily.

## Dosing Information

| Drug Name | Indication | Dosing Regimen | Maximum Dose |
|---|---|---|---|
| memantine ER (Namenda XR®) | Moderate to severe dementia of the Alzheimer's type | Initial dose 7 mg PO once daily, increase by 7 mg per day at one-week intervals | 28 mg/day |
| memantine/ donepezil (Namzaric®) | Moderate to severe dementia of the Alzheimer's type in patients stabilized on 10 mg of donepezil once daily | Initial dose 7 mg/10 mg PO once daily, increased in 7mg increments per week | 28 mg/10 mg per day |

## Dosage Forms

- memantine ER (Namenda XR®)
  - Capsule: 7 mg, 14 mg, 21 mg, 28 mg
  - Titration pack: 7 x 7 mg, 7 x 14 mg, 7 x 21 mg, 7 x 28 mg

- memantine/donepezil (Namzaric®)
  - Capsule: 7 mg/10 mg, 14 mg/10 mg, 21 mg/10 mg, 28 mg/10 mg

## Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administer by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

## I. Initial Approval Criteria

**A. Moderate to Severe Dementia** (must meet all):

1. Diagnosis of moderate to severe dementia;
2. Member is 18 years of age or older;
3. Failure of donepezil at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
4. If request is for Namzaric®, medical justification supports inability to use the individual generic components of donepezil and memantine;
5. Dose does not exceed (a or b):
   a. Namenda XR®: 28 mg per day;
   b. Namzaric®: 28 mg/10 mg per day.

**Approval Duration**
**Commercial:** 12 months
**Medicaid:** 12 months

## II. Continued Therapy Approval

**A. Moderate to Severe Dementia** (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed (a or b):
   a. Namenda XR®: 28 mg per day;
   b. Namzaric®: 28 mg/10 mg per day.

**Approval Duration**
**Commercial:** 12 months
**Medicaid**: 12 months

## III. Appendices

**APPENDIX A: Abbreviation/Acronym Key**
FDA: Food and Drug Administration
NMDA: N-methyl-D-aspartate
PO: By mouth

**APPENDIX B: Therapeutic Alternatives**
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

| Drug Name | Dosing Regimen | Maximum Dose |
|---|---|---|
| donepezil (Aricept®) | Mild to moderate Alzheimer's disease: 5 mg to 10 mg PO once daily<br>Moderate to severe Alzheimer's disease: 10 to 23 mg PO once daily | 10 mg/day<br>23 mg/day |

*Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.*

**APPENDIX C: Contraindications/Boxed Warnings**

- Contraindication(s):
  - Known hypersensitivity to memantine hydrochloride, donepezil hydrochloride, piperidine derivatives, or to any excipients used in the formulation.

- Boxed Warning(s):
  - None reported.

**APPENDIX D: General Information**

Per the American Psychiatric Association 2007 practice guidelines and 2014 guideline watch for the treatment of Alzheimer's, there is modest data that the combination of memantine and donepezil is better than donepezil alone, and there is no evidence that the combination is better than monotherapy with memantine.

**References**


1. Namenda XR Prescribing Information. Irvine, CA: Allergan USA, Inc.; November 2019. Available at: http://www.namendaxr.com/. Accessed March 15, 2021.
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4. Trinh NH, Hoblyn J, Mohanty S and Yaffe K. Efficacy of cholinesterase inhibitors in the treatment of neuropsychiatric symptoms and functional impairment in Alzheimer Disease. JAMA 2003;289(2): 210-216.
5. Blacker CV, Greenwood DT, Wesnes KA, et al. Effect of galantamine hydrobromide in chronic fatigue syndrome: a randomized, controlled trial. JAMA 2004;292(10):1195-204.
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9. The American Geriatrics Society. A Guide to Dementia Diagnosis & Treatment. Available at: http://www.americangeriatrics.org/. Accessed March 15, 2021.

| Review/Revision History | Review/Revised Date | P&T Approval Date |
|---|---|---|
| Policy established. | 01/2020 | 02/07/2020 |
| Policy was reviewed:<br>1. Policy title table was updated.<br>2. Continued therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance…".<br>3. Approval duration for Initial approval and Continued therapy criteria was updated to include Commercial and Medicaid plan.<br>4. "QD" was updated with once daily in document.<br>5. References were updated. | 07/23/2020 | 09/14/2020 |
| Policy was reviewed<br>1. Policy title was updated.<br>2. Continued therapy criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance.."<br>3. References were reviewed and updated. | 03/15/2021 | 6/10/2021 |