AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Exelon	Page:	1 of 2
Effective Date:	2/1/2023	Last Review Date:	12/2022

Applies to:	☐Illinois	☐Florida	☒Florida Kids
	☒New Jersey	☒Maryland	☐Michigan
	☒Pennsylvania Kids	☐Virginia	☐Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Exelon (rivastigmine) under the patient's prescription drug benefit.

Description:

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.
Rivastigmine tartrate capsules are indicated for the treatment of mild to moderate dementia of the Alzheimer's type (AD).

Parkinson's Disease Dementia
Exelon Patch and **rivastigmine tartrate capsules** are indicated for the treatment of mild to moderate dementia associated with Parkinson's disease (PDD).

Compendial Uses
Dementia with Lewy bodies[3,5]

Applicable Drug List:

Rivastigmine patch

Policy/Guideline:

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

- The patient has any of the following diagnoses: A) dementia of the Alzheimer's type, B) mild to moderate dementia associated with Parkinson's disease, C) dementia with Lewy bodies

AND

- If the request is for continuation of therapy, the medication continues to provide benefit to the patient
  [Note: If slowing decline of cognitive function is no longer a goal, or if the patient is rapidly declining, treatment with the medication is no longer appropriate.]
  OR
- If the request is NOT for continuation of therapy, the diagnosis is supported by a validated cognitive assessment within the past 12 months

Approval Duration and Quantity Restrictions:

Approval: 12 months

References:

1. Exelon Patch [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. June 2020.
2. Rivastigmine Tartrate Capsules [package insert]. Berlin, CT: Breckenridge Pharmaceutical, Inc. June 2020.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed April 28, 2022.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2022; Accessed April 28, 2022.
5. McKeith I, Del Ser T, Spano P, et al. Efficacy of Rivastigmine in Dementia with Lewy Bodies: A Randomised, Double-Blind, Placebo-Controlled International Study. *Lancet.* 2000;356:2031-36.
6. Rabins P, Blacker D, Rovner B, et al. Practice Guideline for the Treatment of Patients with Alzheimer's Disease and Other Dementias, Second Edition. *Am J Psychiatry*. 2007;164(12S):1-56.
7. Rabins P, Rovner B, Rummans T, et al. Guideline Watch (October 2014): Practice Guideline for the Treatment of Patients with Alzheimer's Disease and Other Dementias. 2014;1-26.
8. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.
9. Qaseem A, Snow V, Cross T, et al. Current Pharmacological Treatment of Dementia: A Clinical Practice Guideline from the American College of Physicians and the American Academy of Family Physicians. *Ann Intern Med.* 2008;148:370-78.