

## Donepezil Drug Use Criteria

Created: September 2011

Reviewed: 4/22/2019

Includes:

Aricept©      *Donepezil*

### **GUIDELINE FOR USE:**

1. Is the patient being treated for dementia of the Alzheimer's type?
  - a. If yes, go to 2
  - b. If no, deny as not meeting criteria. Donepezil is an FDA approved for treatment of mild, moderate and severe dementia of the Alzheimer's type.
2. Is the requested dosing consistent with the FDA approved prescribing information for the patient's disease severity?
  - a. If yes, go to 3
  - b. If no, deny as not meeting criteria. Off label use of medication is not a covered benefit on OHP.
3. Does the patient have any contraindications to donepezil therapy?
  - a. If yes, deny as not meeting criteria. Medication should be prescribed consistent with the FDA package insert.
  - b. If no, approve for 12 fills.

### **Rationale:**

To promote the use of donepezil for FDA approved indications and dose consistent with the FDA approved prescribing information.

### **FDA Approved Indications:**

Donepezil is indicated for the treatment of mild, moderate and severe dementia of the Alzheimer's type.

### **Mechanism of Action:**

Donepezil is an acetylcholinesterase inhibitor indicated for the treatment of dementia of the Alzheimer's type.

### **Dosing:**

Mild to moderate Alzheimer's disease: 5 to 10 mg once daily

Moderate to severe Alzheimer's disease: 10 to 23 mg once daily

### **Contraindications:**

Known hypersensitivity to donepezil or to piperidine derivatives

### **References:**

1. Aricept© (Donepezil) prescribing information. Revised 12/2018

Approved by Advanced Health Pharmacy and Therapeutics Committee 4/22/2019