



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	November 15, 2022

## **Adlarity® (donepezil transdermal system)**

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Patient must have a diagnosis of Alzheimer's disease.
- Drug must be prescribed by, or in consultation with, a specialist in neurology or gerontology.
- Documentation of inability to swallow preferred donepezil oral disintegrating tablets or immediate release tablets as indicated by an absence of prescriptions for solid dosage forms in claims history and/or medical records or a medical condition that is characterized by difficulty or inability to swallow.

**CONTINUATION OF THERAPY**

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 5 mg/day and 10 mg/day transdermal system.