



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	May 23, 2014 June 23, 2015, January 24, 2024

## **NAMENDA XR® (memantine hydrochloride, extended release)**

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

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Patient must have a confirmed diagnosis of Alzheimer's Disease.
- Drug must be prescribed by, or in consultation with, a specialist in neurology or gerontology.
- Trial and response to therapy of Namenda IR is required prior to consideration of Namenda XR.

**CONTINUATION OF THERAPY:**

- Patient continues to meet above initial criteria.
- Documentation of positive 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 7 mg, 14 mg, 21 mg, 28 mg extended-release capsule and titration pack.