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| 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 ≥ 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.