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 ≥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.