Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	January 1, 2026

Zunveyl® (benzgalantamine)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age; **AND**
- Patient must have a diagnosis of mild to moderate dementia of the Alzheimer's type; **AND**
- Medication must be prescribed by or in consultation with a specialist in neurology or gerontology; **AND**
- Patient must have a trial and failure (*documentation required*), contraindication, or intolerance to galantamine; **AND**
- Patient must have a trial and failure (*documentation required*), contraindication, or intolerance to 2 additional preferred medications (e.g. donepezil, rivastigmine).

CONTINUATION OF THERAPY

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects (e.g., bradycardia, AV block, gastrointestinal bleeding); **AND**
- 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, 10 mg, and 15 mg delayed-release tablets