



Physician's Prior Authorization Questionnaire
Aricept®, Exelon®, Namenda®, or Razadyne®

Patient:

ID#:

DOB:

Patient Address:

These medications are covered if:

- The patient meets the specific FDA approved indications.
For dementia associated with Alzheimer's Disease: The patient meets the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) criteria for "Dementia of the Alzheimer's Type" or the National Institute of Neurologic, Communicative Disorders and Stroke—Alzheimer's Disease and Related Disorders Association (NINCDS-ADRDA) Work Group criteria for "Probable Alzheimer's Disease" (see attached).
A cognitive evaluation test has been used and the medical records submitted state the results of the test.

1. What is the patient's diagnosis? (Please do not use codes.)

2. Does the patient have mild, moderate, or severe dementia?

3. Does the patient meet the DSM-IV-TR and/or NINCDS-ADRDA criteria for Alzheimer's disease? Yes No

4. What cognitive evaluation test was used on this patient?

5. Which medication are you requesting coverage of? Aricept® Exelon® Namenda® Razadyne®

Please submit medical records documenting the diagnosis and listing the cognitive evaluation test results.

Physician's Signature

Date

Please Print Physician's Name & Specialty

Phone Number

Fax Number

Thank you for your assistance and should you have any questions or wish to discuss, please feel free to contact the pharmacy department at (501) 378-3392. For your convenience, you may fax your response(s) back to (501) 378-6980.

Forms are also available online at www.usableadmin.com/providers/PharmacyForms.aspx

DSM-IV-TR Dementia of the Alzheimer's Type Criteriaⁱ:

- A. The development of multiple cognitive deficits manifested by both:
 - 1. memory impairment (impaired ability to learn new information or to recall previously learned information)
 - 2. one (or more) of the following cognitive disturbances:
 - a. aphasia (language disturbance)
 - b. apraxia (impaired ability to carry out motor activities despite intact motor function)
 - c. agnosia (failure to recognize or identify objects despite intact sensory function)
 - d. disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)
- B. The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.
- C. The course is characterized by gradual onset and continuing cognitive decline.
- D. The cognitive deficits in Criteria A1 and A2 are not due to any of the following:
 - 1. other central nervous system conditions that cause progressive deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, Huntington's disease, subdural hematoma, normal-pressure hydrocephalus, brain tumor)
 - 2. systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B or folic acid deficiency, niacin deficiency, hypercalcemia, neurosyphilis, HIV infection)
 - 3. substance-induced conditions
- E. The deficits do not occur exclusively during the course of a delirium.
- F. The disturbance is not better accounted for by another Axis I disorder (e.g., Major Depressive Episode, Schizophrenia).

NINCDS-ADRDA "Probable" Alzheimer's Disease (AD) Criteriaⁱⁱ:

The criteria for the clinical diagnosis of probable AD include:

- A. Dementia, established by clinical examination and documented by the Mini-Mental Status Examination, Blessed Dementia Scale, or some similar examination and confirmed by neuropsychological tests
- B. Deficits in 2 or more areas of cognition
- C. Progressive worsening of memory and other cognitive functions
- D. No disturbance of consciousness
- E. Onset between the age of 40 and 90 years, most often after the age of 65
- F. Absence of systemic disorders or other brain diseases that in and of themselves could account for the progressive deficits in memory and cognition.

ⁱ American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

ⁱⁱ McKhann G, Drachman D, Folstein M, et al. Clinical diagnosis of Alzheimer's disease: report of the NINCDS-ADRDA Work Group under the auspices of Department of Health and Human Services Task Force on Alzheimer's Disease. *Neurology* 1984; 34: 939-944.