



Medicare Part D – 2015

Prior Authorization Group Description

NAMENDA XR

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D. Vascular dementia.

Exclusion Criteria:

Required Medical Information:

Age Restrictions:

Prior authorization is required for patients 59 years and younger. Prior authorization is not required for patients 60 years and older.

Prescriber Restrictions:

Coverage Duration:

Length of benefit.

Other Criteria: