

ALZHEIMER AGENTS

- Documentation Required
- A. FDA approved indications (see Table 1)**
1. Alzheimer’s dementia, mild to moderate type (Donepezil, Galantamine, Rivastigmine, **Tacrine**)
 2. Alzheimer’s dementia, moderate to severe type (Donepezil, **Memantine, Memantine/donepezil**)
- Documentation Required
- B. Non-FDA approved, commonly used indications**
1. Dementia (**Memantine**)
 2. Dementia NOS
 3. Prophylaxis-impaired cognition (Donepezil)
 4. Dementia secondary to other medical conditions i.e., Huntington, HIV, Infection, TBI, Hypothyroidism, Vitamin B12 Deficiency
 5. Vascular dementia (Formerly Multi-Infarct Dementia)
 6. Substance-Induced Persisting Dementia
- Documentation Required
- C. Minimal documentation**
1. Mini-Mental Status Examination (Folstein) at baseline if < 24, repeat each visit (no less than q6months).
 2. R/O other etiologies such as MDD (pseudodementia)
- Documentation Required
- D. Maximum Dosage - see Medication Summary for MDD**
- Documentation Required
- E. Duration**
1. For Outpatient: Document rationale when making any medication change.
 2. For Inpatient: Document rationale when making more than 3 changes in any 7-day period.
- F. Drug-Drug Interactions – Refer to www.epocrates.com**
- G. Warnings & Precautions**
- Caution if cardiac conduction defects
 - Caution if seizure hx or risk
 - Caution if hepatic or renal impairment
 - Caution if asthma or COPD
 - Caution if GI bleeding or ulcer hx or risk
 - Caution if urinary obstruction
- Documentation Required
- G. Standard laboratory and examination requirements**

Santa Clara County Department of Behavioral Health Services
Medication Practice Guidelines

1. For inpatient: Basic laboratory studies on admission
2. For outpatient:
Tacrine (Cognex): **LFTs at baseline, 4 weeks after initiation, then q3months thereafter.**
3. Additional laboratory work up should include metabolic profile, baseline TSH, B12, Folate, and RPR to r/o other possibilities interfering with cognitive status.
4. More frequent and/or additional monitoring should be considered depending on the clinical situation and whenever there is a change in the patient's status.

Attachment: Table 1 FDA-Approved Indications and Maximum Dose

References: Epocrates, Micromedex