

**donepezil 23 mg (ARICEPT)**

**Diagnosis Considered for Coverage:**

- Alzheimer's disease (dementia)

**Coverage Criteria:**

**For diagnosis listed above:**

- Inadequate response with donepezil 5mg or 10 mg, and
- Dose does not exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 8/2/2023