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Comparative Review of Alzheimer Therapeutics Coverage Across 3 Major Health Plans

Alzheimers disease is entering a new, unusually contentious coverage era. After decades of symptomatic management, anti-amyloid monoclonal antibodies (mAbs) have introduced "disease-modifying" claims—along with clinical uncertainty, significant safety monitoring needs, and high total cost of care. The result is a therapeutic category where headlines and patient demand can move faster than payer policy, and where "coverage" on paper may still translate into limited real-world access.

The controversy is not theoretical—it is embedded in the recent regulatory and reimbursement history of the class. Aducanumab (Aduhelm) sparked intense debate over evidentiary standards, clinical meaningfulness, and price, with prominent criticism tied to its approval pathway and widespread concern about affordability.[1] These dynamics helped shape restrictive coverage frameworks for anti-amyloid mAbs under Medicare, which remains the bellwether for many commercial and managed care policies. In 2022, CMS finalized a National Coverage Determination limiting coverage of anti-amyloid monoclonal antibodies to Coverage with Evidence Development (CED), requiring participation in approved studies or registries.[2]

Even as additional therapies have followed, access and affordability remain central concerns. These agents require confirmed amyloid pathology prior to initiation and ongoing monitoring for amyloid-related imaging abnormalities (ARIA), including periodic MRI scans. Such requirements introduce additional clinical and operational barriers that may limit real-world uptake. Moreover, independent analyses have estimated that the broader health system costs — including diagnostics, infusion administration, and monitoring — could significantly increase total spending beyond the drug acquisition cost alone.[3]

Against this backdrop, formulary and coverage policies can diverge meaningfully across health plans—particularly around eligibility criteria (disease stage, biomarker confirmation), prior authorization requirements, specialist prescribing mandates, site-of-care management, and implementation of monitoring protocols. This Formulary Frontlines report compares coverage across three major health plans to clarify where access is expanding, where it remains constrained, and how payers are operationalizing policy in a high-cost, high-controversy therapeutic area.

Cholinesterase Inhibitors

Tier 1-5 Plan			
Drug	Tier	Plan	Requirements/ Limits
ADLARITY PTWK 5 MG/DAY, 10 MG/ DAY	3	BCBS[a,4]	
EXELON* PT24 4.6 MG/ 24 HR, 9.5 MG/24 HR	3	BCBS[a,4]	
ARICEPT† TABS 5 MG, 10 MG, 23 MG	3	BCBS[a,4]	

Tier 1-3 Plan			
ADLARITY	2	Cigna[b,5]	PA; QL
EXELON	3	Cigna[b,5]	

[a]Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[4]

[b]Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

*Used to treat mild to moderate dementia associated with Alzheimer disease or Parkinson disease.[6]

†Used to treat symptoms of Alzheimers disease like memory loss and confusion.[7]

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; QL, quantity limit.

Across the three health plans evaluated, coverage of cholinesterase inhibitors varies considerably, with UnitedHealthcare the most restrictive. Based on this review, UnitedHealthcare does not list any agents within this drug class on its formulary. The lack of coverage suggests that members may need to seek formulary exceptions or pay out of pocket to access therapy, creating a significant access barrier compared with the other plans reviewed.

BCBS, operating under a 5-tier structure, provides coverage for ADLARITY (donepezil transdermal patch), EXELON (rivastigmine patch), and ARICEPT (donepezil tablets). All 3 products are placed on Tier 3, which is defined as non-preferred brand drugs. Although no prior authorization or quantity limits are indicated in the table, Tier 3 placement signals higher member cost-sharing relative to preferred generics or preferred brand drugs. As a result, while access is available, financial considerations may influence utilization. BCBS's approach suggests broad availability within the class but at a non-preferred cost-sharing level.

Cigna, which uses a 3-tier structure, demonstrates a more differentiated management strategy. ADLARITY is placed on Tier 2 as a preferred brand but is subject to prior authorization and quantity limits, introducing administrative requirements that may affect speed and ease of access. Exelon is listed in Tier 3 as a non-preferred brand with no noted utilization management requirements. This structure balances a preferred option with applying targeted clinical and utilization controls.

Overall, formulary positioning across the three plans highlights meaningful variation in access strategy. While BCBS emphasizes availability with higher cost-sharing and Cigna combines preferred placement with utilization management, UnitedHealthcare's lack of coverage represents the clearest restriction within this class. These differences underscore how tier placement and administrative controls can significantly shape patient access, even among long-established Alzheimer therapies.

Acetylcholinesterase Inhibitors

Tier 1-5 Plans			
Drug	Tier	Plan	Requirements/ Limits
donepezil* hydrochloride tabs 5 mg, 10 mg, 23 mg; tbdp 5 mg, 10 mg	1	BCBS[a,4]	
pyridostigmine bromide soln 60 mg/5 ml; tabs 60 mg; tbcr 180 mg	1	BCBS[a,4]	
rivastigmine pt24 4.6 mg/24 hr, 9.5 mg/24 hr, 13.3 mg/24 hr	1	BCBS[a,4]	
rivastigmine tartrate caps 1.5 mg, 3 mg, 4.5 mg, 6 mg	3	BCBS[a,4]	
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg, soln 4 mg/ml; tabs 4 mg, 8 mg, 12 mg	1	BCBS[a,4]	
NAMZARIC† CAP 7-10 MG	3	BCBS[a,4]	
NAMZARIC† CAP 14-10 MG	3	BCBS[a,4]	
NAMZARIC† CAP 21-10 MG	3	BCBS[a,4]	
NAMZARIC† CAP 21-10 MG	3	BCBS[a,4]	
NAMZARIC† CAP 28-10 MG	3	BCBS[a,4]	
memantine HCl-donepezil HCl† (Oral Capsule Extended Release 24 Hour)	3	UnitedHealthcare[b,8]	PA; QL
donepezil HCl (Oral Tablet) 10 mg	1	UnitedHealthcare[b,8]	QL
donepezil HCl (Oral Tablet) 23 mg, 5 mg	1	UnitedHealthcare[b,8]	QL
donepezil HCl ODT (Oral Tablet Dispersible) 10 mg	2	UnitedHealthcare[b,8]	QL
donepezil HCl ODT (Oral Tablet Dispersible) 5 mg	2	UnitedHealthcare[b,8]	QL
pyridostigmine bromide er (Oral Tablet Extended Release)	4	UnitedHealthcare[b,8]	DL
pyridostigmine bromide (60 mg Oral Tablet Immediate Release)	3	UnitedHealthcare[b,8]	
galantamine hydrobromide er (Oral Capsule Extended Release 24 Hour)	4	UnitedHealthcare[b,8]	DL; QL
galantamine hydrobromide (Oral Solution)	4	UnitedHealthcare[b,8]	DL; QL
galantamine hydrobromide (Oral Tablet)	4	UnitedHealthcare[b,8]	DL; QL
Tier 1-3 Plan			
donepezil	1	Cigna[c,5]	
pyridostigmine er 180 mg tablet	1	Cigna[c,5]	
rivastigmine	1	Cigna[c,5]	

[a]Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[4]

[b]Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[8]

[c]Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

*Used to treat symptoms of Alzheimer's disease like memory loss and confusion.[7]

†Combo therapy with donepezil and belongs to 2 drug classes.[9]

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; DL, dispensing limit; QL, quantity limit.

Across the 3 health plans evaluated, coverage of acetylcholinesterase inhibitors is generally broader than observed for the previous class, though management intensity varies meaningfully by plan and formulation.

BCBS places most generic acetylcholinesterase inhibitors on Tier 1, defined as preferred, low-cost generics. Tier 1 products include donepezil (multiple strengths and formulations), pyridostigmine bromide (solution and tablets), rivastigmine transdermal patches, and galantamine (extended-release capsules, solution, and tablets). This positioning reflects favorable cost-sharing and suggests broad, first-line access to core generic therapies within the class. However, certain products are positioned less favorably. Rivastigmine tartrate capsules are placed on Tier 3 (non-preferred), as are all strengths of NAMZARIC (the combination of memantine and donepezil). Tier 3 placement signals higher member cost-sharing for these products, particularly for the combination therapy, which may steer utilization toward single-agent generics. No prior authorization (PA), quantity limits (QL), or dispensing limits (DL) are indicated in the table for BCBS, suggesting that management is primarily achieved through tier placement rather than administrative controls.

UnitedHealthcare demonstrates a more structured utilization management approach. Generic donepezil tablets (5 mg, 10 mg, and 23 mg) are placed on Tier 1 but are subject to quantity limits, indicating cost-favorable access with supply controls. Donepezil orally disintegrating tablets (ODT) are placed on Tier 2 with quantity limits, reflecting slightly higher cost-sharing relative to standard tablets. Combination memantine HCl-donepezil HCl extended-release capsules are placed on Tier 3 and require prior authorization and quantity limits, signaling tighter management of combination therapy. Other agents, including pyridostigmine extended-release and multiple galantamine formulations (extended-release, oral solution, and tablets), are placed on Tier 4 and are subject to dispensing limits and, in some cases, quantity limits. Immediate-release pyridostigmine is positioned at Tier 3 without additional noted restrictions. Overall, UnitedHealthcare provides access across the class but relies more heavily on tier differentiation and utilization management tools—particularly for extended-release and combination products.

Cigna places donepezil, pyridostigmine extended-release 180 mg tablets, and rivastigmine on Tier 1, defined as low-cost generics. No PA, QL, or DL are indicated in the table. This suggests streamlined access to key generic therapies with minimal administrative burden. Compared with the other plans, Cigna's approach appears the least restrictive within the scope of the products listed, emphasizing broad Tier 1 generic availability without additional utilization controls.

In summary, all 3 plans provide access to core generic acetylcholinesterase inhibitors, but their management strategies differ. BCBS emphasizes broad Tier 1 generic coverage with higher-tier placement for certain capsules and combination therapy.

UnitedHealthcare applies more extensive tier stratification and utilization management, particularly for extended-release and combination formulations. Cigna offers the most straightforward access model among the three, with key agents placed at Tier 1 and no listed clinical or dispensing restrictions. These distinctions highlight how tier placement and utilization management can meaningfully shape access within a largely generic, established therapeutic class.

N-Methyl-D-Aspartate (NDMA) Receptor Agonists

Tier 1-5 Plans			
Drug	Tier	Plan	Requirements/ Limits
Memantine hcl cp24 7 mg, 14 mg, 21 mg, 28 mg, soln 2 mg/ml, 10 mg/5 ml; tabs 5 mg, 10 mg	1	BCBS[a,4]	
Memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	BCBS[a,4]	
Memantine hcl-donepezil hcl cap er 24 hr 14-10 mg	1	BCBS[a,4]	
Memantine hcl-donepezil hcl cap er 24 hr 21-10 mg	1	BCBS[a,4]	
Memantine hcl-donepezil hcl cap er 24 hr 28-10 mg	1	BCBS[a,4]	
NAMENDA TAB 5-10 MG	3	BCBS[a,4]	
NAMZARIC* CAP 7-10 MG	3	BCBS[a,4]	
NAMZARIC* CAP 14-10 MG	3	BCBS[a,4]	
NAMZARIC* CAP 21-10 MG	3	BCBS[a,4]	
NAMZARIC* CAP 21-10 MG	3	BCBS[a,4]	
NAMZARIC* CAP 28-10 MG	3	BCBS[a,4]	
Memantine HCl-Donepezil HCl† (Oral Capsule Extended Release 24 Hour)	3	UnitedHealthcare[b,8]	PA; QL
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	3	UnitedHealthcare[b,8]	PA; QL
Memantine HCl (2 MG/ML Oral Solution	4	UnitedHealthcare[b,8]	PA; DL; QL
Memantine HCl (10 MG Oral Tablet, 5 MG Oral Tablet)	2	UnitedHealthcare[b,8]	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	3	UnitedHealthcare[b,8]	PA; QL
Tier 1-3 Plan			
Memantine	1	Cigna[c,5]	
Memantine er	1	Cigna[c,5]	QL
NAMENDA 5-10 MG TITRATION PACK	2	Cigna[c,5]	

[a]Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.[4]

[b]Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with $25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.[8]

[c]Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs.[5]

*Combo therapy with donepezil and belongs to 2 drug classes.[9]

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; DL, dispensing limit; QL, quantity limit.

Across the 3 health plans evaluated, coverage of NMDA receptor agents centers on memantine and memantine-based combination products, with notable differences in tier placement and utilization management intensity.

BCBS places a broad range of generic memantine formulations on Tier 1, defined as preferred, low-cost generics. Tier 1 products include memantine capsules (multiple strengths), oral solution formulations, standard tablets, titration packs, and extended-release memantine–donepezil combination capsules. This positioning reflects highly favorable cost-sharing and suggests open access to core generic options, including combination therapy in its generic form. In contrast, brand products are placed on Tier 3 (non-preferred), including NAMENDA tablets and all strengths of NAMZARIC. Tier 3 placement signals higher member cost-sharing for branded options, but no additional utilization management requirements are noted in the table. Overall, BCBS appears to promote generic utilization through preferential tiering while maintaining access to branded products at higher cost-sharing levels rather than through administrative controls.

UnitedHealthcare demonstrates a more management-driven approach. All listed memantine products are subject to prior authorization, and most also carry quantity limits. Generic memantine tablets (5 mg and 10 mg) are placed on Tier 2 with PA and QL requirements, while extended-release memantine capsules and titration packs are placed on Tier 3 with PA and QL. The memantine–donepezil extended-release combination capsule is also placed on Tier 3 and requires prior authorization and quantity limits. The oral solution formulation is positioned at Tier 4 and is subject to PA, DL, and QL, representing the most restrictive placement within this class across the three plans. UnitedHealthcare's structure reflects layered management: moderate-to-higher tier placement combined with consistent administrative controls across formulations.

Cigna provides comparatively streamlined access. Memantine and memantine extended-release are both placed on Tier 1 as low-cost generics, with quantity limits applied only to the extended-release formulation. The NAMENDA titration pack is placed on Tier 2 as a preferred brand. No prior authorization or dispensing limits are indicated in the table. This suggests a strategy focused primarily on generic-first access with limited utilization controls, reserving higher-tier placement for brand-specific products.

In summary, while all three plans provide access to memantine-based therapies, their management strategies differ substantially. BCBS emphasizes broad Tier 1 generic coverage, including generic combination products, and manages brand utilization through higher-tier placement rather than administrative requirements. UnitedHealthcare applies the most comprehensive utilization management approach, incorporating PA, QL, and DL across multiple formulations. Cigna offers the most streamlined access among the three, prioritizing Tier 1 generic placement with minimal restrictions. These differences illustrate how plans can manage a largely generic Alzheimer drug class through varying combinations of tier strategy and administrative controls.

Bottom Line

Across symptomatic Alzheimer therapies, formulary access is largely preserved—but not uniform. For long-established cholinesterase inhibitors, acetylcholinesterase inhibitors, and NMDA receptor agents, all 3 plans generally favor generic utilization, using tier placement as the primary management lever. However, the degree of restriction varies meaningfully. BCBS consistently promotes broad Tier 1 generic access while shifting brand and combination products to higher tiers without layering significant administrative controls. Cigna adopts a streamlined, generic-first approach with limited prior authorization requirements, relying primarily on tier differentiation and selective quantity limits. UnitedHealthcare, by contrast, applies the most intensive utilization management strategy across classes, frequently incorporating prior authorization, quantity limits, and dispensing limits—particularly for extended-release, combination, and non-tablet formulations.

The most notable access gap appears within the cholinesterase inhibitor category, where UnitedHealthcare does not list products on its formulary, creating a clear coverage limitation relative to BCBS and Cigna. In contrast, within the largely generic acetylcholinesterase inhibitor and NMDA receptor agonist categories, all three plans maintain access, but with varying degrees of administrative oversight and cost-sharing exposure.

Taken together, the findings reinforce a broader theme: even in mature, predominantly generic Alzheimer drug classes, payer strategy significantly shapes patient access. Tier placement, prior authorization, and quantity or dispensing limits meaningfully influence affordability and speed of therapy initiation. As higher-cost, disease-modifying agents continue to enter the market under heightened scrutiny, these established management patterns provide insight into how plans may approach future Alzheimer therapies—balancing access, utilization control, and financial risk in an increasingly high-stakes treatment landscape.

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