

# Guide to ZUNVEYL® Prior Authorizations (PAs) and Step-Edits

This guide can be used to organize documentation for when a ZUNVEYL PA and possibly a Step-Edit is required.

<b>Resident / Prescriber Information</b>	<b>Resident Name:</b> _____ <b>DOB (MM/DD/YYYY)</b> _____	
	<b>Prescriber Name:</b> _____ <b>Facility Name:</b> _____	
<b>Diagnosis: ICD-10-CM code(s)</b>	<b>Primary Diagnosis</b>	<b>Supporting Diagnosis</b>
	<input type="radio"/> G30.9 Alzheimer's disease, unspecified <input type="radio"/> G30.0 Alzheimer's disease with early onset <input type="radio"/> G30.1 Alzheimer's disease with late onset <input type="radio"/> G30.8 Other Alzheimer's disease <input type="radio"/> Other (specify): _____ <b>Note:</b> G-code diagnosis (e.g., G30.9) generally considered more definitive for diagnosis	<input type="radio"/> F03.918 Unspecified dementia, unspecified severity, with other behavioral disturbance <input type="radio"/> F02.80 Dementia in other diseases classified elsewhere, without behavioral disturbance <input type="radio"/> F02.811 Dementia in other diseases classified elsewhere, with behavioral disturbance <input type="radio"/> Other (specify): _____
<b>Previous Medications Tried and Failed</b>	<b>Medication</b>	<b>Reasons For Failure</b>
	<input type="radio"/> Donepezil <input type="radio"/> Galantamine <input type="radio"/> Rivastigmine Oral <input type="radio"/> Rivastigmine/Exelon Patch <input type="radio"/> Memantine <input type="radio"/> Namzaric <input type="radio"/> Other (Specify): _____	<input type="radio"/> Intolerable Adverse Effects <input type="radio"/> Insufficient Clinical Benefit <input type="radio"/> Other (Specify): _____  Additional Notes:
<b>Clinical Support for When a Step Therapy Before ZUNVEYL May Not Be Appropriate</b>	<input type="radio"/> Pre-Existing Gastrointestinal/Nutrition Issues	<input type="radio"/> Nausea <input type="radio"/> Vomiting <input type="radio"/> Diarrhea <input type="radio"/> GERD <input type="radio"/> Anorexia <input type="radio"/> Weight Loss (>5% or ___ lb)
	<input type="radio"/> Recent Falls and/or Fall Risk	<input type="radio"/> Fall(s) (6-12 mo) <input type="radio"/> Dizziness/Orthostasis <input type="radio"/> Nighttime Fall(s)/Risk
	<input type="radio"/> Pre-Existing Sleep Disturbances	<input type="radio"/> Insomnia <input type="radio"/> Abnormal Dreams <input type="radio"/> Daytime Sleepiness <input type="radio"/> Somnolence
	<input type="radio"/> Behavioral Symptoms Associated with Dx	<input type="radio"/> Apathy <input type="radio"/> Agitation/Aggression <input type="radio"/> Anxiety <input type="radio"/> Wandering <input type="radio"/> Hallucinations <input type="radio"/> Delusions <input type="radio"/> Other (Specify): _____
	<input type="radio"/> Additional Relevant Clinical Notes	<input type="radio"/> Other (Specify): _____

\* ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

**Note:** This guide is intended for reference only and does not guarantee coverage and reimbursement for ZUNVEYL. Information is provided as courtesy only and is not comprehensive or instructive. Coverage and reimbursement depend on an individual patient's insurance plan. Please be sure to check payor policies for the most up-to-date information on ZUNVEYL.

## INDICATION AND USAGE

ZUNVEYL is a cholinesterase inhibitor indicated for the treatment of mild to moderate dementia of the Alzheimer's type in adults.

**Please see reverse for Select Safety Information and accompanying full Prescribing Information from your representative.**



# Guide to ZUNVEYL® Prior Authorizations (PAs) and Step-Edits

This guide can help you organize specific information intended to help with:

- Documenting required resident health history information for a PA and possibly a step therapy to obtain payor coverage
- Submitting complete information required for a PA and possibly a step therapy to support timely review and avoid delays or denials
- Providing clinical documentation for previous medications failed and/or when step therapies may be inappropriate

## Your Patient May Still Receive ZUNVEYL Under a Step Therapy Policy

Step therapies are when a payor requires use of another product before ZUNVEYL would be covered. It is important to document treatment history, usually found in the patient's chart notes, to support failure of previous medications and/or reasons step therapies are not recommended per prescriber assessment.

### Examples of Documentation to Address a Step Therapy Policy

To support coverage, documentation should reflect treatment history and clinical rationale, including factors such as those noted above that may impact medication selection.

**Example Documentation of Previous Medication Failure** (Adapt based on respective chart notes and clinical assessment)

"Patient previously received [insert medication] from [start–stop dates]. Therapy was discontinued due to insufficient clinical benefit and/or [ Gastrointestinal  Sleep Disturbance  Skin Irritation  Other (specify) \_\_\_\_\_] adverse effects documented in the chart."

**Example Documentation of Step Therapy Not Appropriate** (Adapt to reflect your chart notes and clinical assessment)

"[Insert medication] is not recommended due to pre-existing factors that may increase risk for adverse effects or poor tolerability —such as gastrointestinal intolerance, sleep disturbance, weight loss, or fall risk. These types of adverse effects are commonly described in prescribing information for other therapies in this class. This determination is based on the prescriber's clinical assessment and documentation in the patient's chart."

## Need Additional Assistance with ZUNVEYL Prior Authorizations?

Alpha Cognition (ACI) is committed to supporting your residents. For further assistance and/or additional resources, please contact your ACI Access and Reimbursement Specialist at [access@alphacognition.com](mailto:access@alphacognition.com).

CoverMyMeds® is an online tool that lets prescribers send and track prior authorizations with insurance plans. Visit [CoverMyMeds.health](https://CoverMyMeds.health) or call 1-866-452-5017.

### SELECT SAFETY INFORMATION

#### CONTRAINDICATIONS

ZUNVEYL is contraindicated in patients with known hypersensitivity to benzgalantamine, galantamine, or to any inactive ingredients in ZUNVEYL. Serious skin reactions have occurred.

#### ADVERSE REACTIONS

The most common adverse reactions with galantamine tablets ( $\geq 5\%$ ) were nausea, vomiting, diarrhea, dizziness, headache, and decreased appetite.

#### WARNINGS AND PRECAUTIONS

**Cardiovascular Conditions:** Cholinesterase inhibitors, including ZUNVEYL, have vagotonic effects on the sinoatrial and atrioventricular nodes, leading to bradycardia and AV block. Bradycardia and all types of heart block have been reported in patients taking cholinesterase inhibitors, both with and without known underlying cardiac conduction abnormalities. Therefore, all patients should be considered at risk for adverse effects on cardiac conduction. Patients treated with galantamine up to 24 mg/day using the recommended dosing schedule showed a dose-related increase in risk of syncope.

**For more information about ZUNVEYL, including additional Warnings & Precautions, please see the accompanying full Prescribing Information from your representative.**

#### REFERENCES:

1. ZUNVEYL. Package insert. Alpha Cognition; Grapevine, Texas; 2024.



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