

Amber with Guidance (Amber-G) = To be initiated by a specialist* with follow up prescribing and monitoring by primary care clinicians.

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Prescribing guidance for drugs in dementia (donepezil, rivastigmine, galantamine and memantine)

The details of side-effects, cautions, contraindications and interactions are not a complete list and the current BNF (<https://bnf.nice.org.uk/>) and the SPC (<https://www.medicines.org.uk/emc/>) remain authoritative for individual drug monograph and individual drug formulation.

The SY ICB Medicines Optimisation Team will alert primary care prescribers if any significant changes in review or monitoring arrangements of Amber-G medicines they prescribe are recommended.

Background Information	<ul style="list-style-type: none"> • NICE NG97 and TA217 recommend use of donepezil, galantamine, rivastigmine and memantine for pharmacological interventions of Alzheimer's disease in dementia under specified conditions in NG97 1.5 • NICE NG97 1.5 also recommends use of above drugs for pharmacological management of certain non-Alzheimer's dementia (with specified exclusions). • Secondary care clinical specialists from memory services (and other older adult services / specialties) will assess, diagnose, start treatment and titrate to optimum dose before requesting primary care prescribing. Secondary and primary care clinicians should liaise proactively with each other for subsequent clinical follow ups, prescribing, guidance and queries. (see place specific further information) • GPwER (and other primary care healthcare professionals) can start the medication if they have specialist expertise in diagnosing and treating dementia.
Therapeutic class	Acetylcholine esterase inhibitors, AChEi (donepezil, rivastigmine, galantamine) N-Methyl D-Aspartate, NMDA, receptor antagonist (memantine)
Indication	<p>Following licensed and unlicensed indications are within remit of this guidance</p> <p><i>Licensed indications -</i></p> <p style="padding-left: 40px;">Acetylcholine esterase inhibitors: Mild to moderately severe dementia in Alzheimer's disease Memantine: Moderate to severe dementia in Alzheimer's disease</p> <p><i>Unlicensed indication -</i></p> <p style="padding-left: 40px;">Lewy bodies dementia Vascular dementia with suspected co-morbid Alzheimer's disease, Parkinson's disease dementia, or dementia with Lewy bodies Parkinson's disease dementia*</p> <p>*Rivastigmine capsules/oral solution are licensed for: Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease</p> <p>Frontotemporal dementia and cognitive impairment caused by multiple sclerosis, or any other indications are not covered within this guidance.</p>
Dosage and administration	See Appendix 1 below (and BNF and SPC) for details for each drug.

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	<ul style="list-style-type: none"> For people with an established diagnosis of Alzheimer's disease who are already taking an AChE inhibitor, primary care prescribers may start treatment with memantine (see recommendation NICE NG97 1.5.4) <i>without taking advice from a specialist clinician</i>. Do not stop AChE inhibitors in people with Alzheimer's disease because of disease severity alone.
Cautions and Contraindications	See Appendix 1 , BNF and SPC for details
Pregnancy and breast feeding	Specialists should be consulted in this rare scenario.
Adverse Drug Reactions	See Appendix 1 , BNF and SPC for details Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme: www.mhra.gov.uk/yellowcard
Monitoring	<p>Annual, or more frequent, structured medication review is recommended for patients taking long term medicines. This will not only ensure medicines safety but will also identify other medicines potentially contributing to cognitive impairment. E.g. medicines with high anticholinergic burden etc...</p> <p>See Appendix 1 for further information on AChEi caution in elderly, drug specific consideration in renal and hepatic impairment. Consider specialist advice if drug induced adverse effects / condition deterioration affecting drug safety is noted.</p> <p>Primary /secondary care clinician can review disease progress more often, if needed, to check mental health co-morbidities / behavioural symptoms etc.</p> <p>Record the diagnosis and subsequent reviews using appropriate clinical system codes into patient medical record.</p> <p>There is a clear increased risk of stroke and a small increased risk of death when antipsychotics are used in elderly people with dementia. Any antipsychotic prescribing should be reviewed in line with appropriate indication, efficacy and length of the treatment. (Refer to locally agreed guidance/ pathway for antipsychotic prescribing)</p>
Interactions	See Appendix 1 , BNF and SPC for details
Additional information	<p>NICE NG 97 suggests minimising the use of medicines associated with increased anticholinergic burden using appropriate assessment tools, and if possible, look for alternatives:</p> <ul style="list-style-type: none"> when assessing whether to refer a person with suspected dementia for diagnosis during medication reviews with people living with dementia.
Patient information	<p>It is the responsibility of the initiating clinician to share and discuss the patient information with the patient and/or carer. Following links may be useful:</p> <p>National dementia support information and help:</p> <ul style="list-style-type: none"> Age UK: https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/dementia/ Dementia UK: www.dementiauk.org Alzheimer's Society: www.alzheimers.org.uk Alzheimer's Society operates a helpline which you can contact on 0333 150 3456

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	<p>Local dementia support information and groups:</p> <ul style="list-style-type: none"> • Dementia and me- Barnsley dementia partnership group • Donny Dot- local support information in Doncaster • RotherHive- Local dementia support service in Rotherham • Dementia support in Sheffield • Sheffield Age UK
Ordering information	<p>Prescribe QIPP recommended generic / cost-effective brands (clinical systems will prompt current formulary choice).</p> <p>Liquid / special formulations should be avoided where possible. See end of Appendix 1 below for details.</p> <p>Check with patient nominated dispensing pharmacy for availability of any specific products before prescribing.</p>
Place specific further information	
Barnsley	Barnsley Area Joint Formulary for information and recommended cost-effective brands.
Doncaster & Rotherham	<p>Medicines and Product directory: mpd.doncasterccg.nhs.uk/therapeutic-sections/4-central-nervous-system/411-dementia/ RDaSH -Medicines formulary guidance – Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)</p>
Sheffield:	<p>Patients' episode of care will complete in Sheffield Memory Service when they are at optimum dose. Primary care clinicians can liaise with secondary care clinician for guidance as required.</p> <p>Several other information documents are available via Sheffield Press portal Dementia</p> <p>For information on: Sheffield Acute Dementia deterioration pathway NHS Diagnosing Advanced Dementia Mandate (for care home setting) Sheffield Dementia referral and diagnosis protocol Dementia community support and information: referral route for GPs</p>

Contact names and details

<p>Barnsley:</p> <p>Dr Kalyan Seelam (Consultant Psychiatrist) - 01226 644788 - Kalyan.Seelam@swyt.nhs.uk Jacqui Davies (Advanced nurse practitioner)- 01226 6447771- Jacqui.davies@swyt.nhs.uk Andrew Stones (Nurse Consultant) - 01226 644771 - Andrew.Stones@swyt.nhs.uk Kendray Pharmacy Team - 01226 644338 - kendraypharmacyteam@nhs.net</p>
<p>Doncaster:</p> <p>Responsibility / Action in case of problems contact Specialist Locality based Older Person's CMHT: Office Hours – Central OP CMHT, Blossom Lodge, Tickhill Road Site, Balby, Doncaster DN4 8QN- 03000 212031 East OP CMHT, Heathfield Centre, Ash Hill Road, Hatfield, Doncaster, DN7 6JH - 03000 211653 North OP CMHT, Jade Centre. Askern Road, Bentley, Doncaster, DN5 0JR - 03000 212002</p>

Donepezil, rivastigmine, galantamine, memantine Amber-G Guideline

IMOC approved: June 2026 Review: June 2031

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South OP CMHT, Blossom Lodge, Tickhill Road Site, Balby, Doncaster, DN4 8QN - 03000 211842 Out of hours – On-call The Single Point of Access Tel: 03000 218996
Rotherham: Rotherham Memory services, centenary Clinic, 1a Effingham Street, Rotherham S65 1BL Tel number: 03000215100 Email: rdash.rotherham-memory-service@nhs.net
Sheffield: Main memory clinic number: 0114 2716015 email sct-ctr.sheffieldmemoryservice@nhs.net Sheffield Health Partnership University Trust Pharmacy department. Tel: 0114 271 8635 Neurology Memory service & South Yorkshire Brain Health Clinic (for under 65yr), Sheffield Teaching Hospital. Neurology Memory Service & South Yorkshire Brain Health Clinic - Sheffield Teaching Hospital

Equality and diversity : nil identified

References

NICE technology appraisal guidance [TA217](#) - Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (March 2011, last update June 2018)
NICE guideline [NG97](#) - Dementia: assessment, management and support for people living with dementia and their carers (June 2018)
NICE quality standard [QS120](#)- Medicines Optimisation (March 2016)
[Electronic BNF](#)
[BNF treatment summaries – Dementia \(licensed and unlicensed indications\)](#)
[Electronic Medicines Compendium \(eMC\)](#)
[The NEWT guidelines](#)
MHRA [Antipsychotic use in elderly people with dementia](#) (August 2025)
NICE CKS- [Dementia: Antipsychotics prescribing information](#) (May 2025)
Sudeep S Gill et al, [Syncope and its consequences in patients with dementia receiving cholinesterase inhibitors- a population-based cohort study](#), Arch Intern Med.2009;169(9):867-873

Development Process

This guidance has been produced by Akshay Phatak, Lead Pharmacist, Medicines Optimisation Team, SY ICB, following an AMBER-G classification status of Donepezil, Rivastigmine, Galantamine and Memantine by South Yorkshire Integrated Medicines Optimisation Committee (IMOC). This guideline has been subject to consultation and endorsement by

Dr Helen Linnington (Consultant Old Age Psychiatrist, OA CMHT, SHPU),

Dr Aparna Mordekar (Consultant in Old Age Psychiatry, Liaison psychiatry and memory service, SHPU),

Dr John M Bottomley (Consultant Psychiatrist, Old Age psychiatry, RDaSH),

Dr Daniel Blackburn (Consultant neurologist, Neurology Memory service & South Yorkshire Brain Health Clinic STH)

and was ratified by IMOC on June 2026 Review June 2031

Appendix 1

Acetylcholine Esterase Inhibitors			NMDA receptor Antagonist
Donepezil	Galantamine	Rivastigmine	Memantine

Appendix 1

Indication	Mild to moderately severe dementia in Alzheimer's disease			Moderate to severe dementia in Alzheimer's disease
Unlicensed indication (see above for remit of this guidance)	Non-Alzheimer's disease: dementia with Lewy bodies; Parkinson's disease dementia; vascular dementia with suspected co-morbid Alzheimer's disease, Parkinson's disease dementia, or dementia with Lewy bodies			
Not recommended (within remit of this guidance)	Frontotemporal dementia, cognitive impairment caused by multiple sclerosis, any other conditions			
Dose *	<p>Oral:</p> <p>Initially 5 mg once daily for one month, then increased, if necessary, up to 10 mg daily, doses to be given at bedtime.</p>	<ul style="list-style-type: none"> • Immediate release (oral): <p>Initially 4 mg twice daily for 4 weeks, increased to 8 mg twice daily for at least 4 weeks; maintenance 8–12 mg twice daily.</p> <ul style="list-style-type: none"> • Modified release (oral): <p>Initially 8 mg once daily for 4 weeks, increased to 16 mg once daily for at least 4 weeks; maintenance 16–24 mg daily.</p>	<ul style="list-style-type: none"> • Oral: <p>Initially 1.5 mg twice daily, increased in steps of 1.5 mg twice daily, dose to be increased at intervals of at least 2 weeks according to response and tolerance; usual dose 3–6 mg twice daily (max. per dose 6 mg twice daily), if treatment interrupted for more than several days, re-titrate from 1.5 mg twice daily.</p> <ul style="list-style-type: none"> • Transdermal patch: <p>Prescribe by Brand name</p> <p><i>Once daily patch-</i></p> <p>Apply 4.6 mg/24 hours daily for at least 4 weeks, increased if tolerated to 9.5 mg/24 hours daily for a further 6 months, then increased if necessary to 13.3 mg/24 hours daily, if well tolerated and cognitive</p>	<p>Oral:</p> <p>Initially 5 mg once daily, then increased in steps of 5 mg every week; usual maintenance 20 mg daily; maximum 20 mg per day.</p>

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			<p>deterioration or functional decline demonstrated.</p> <p>Use caution in patients with body weight less than 50 kg, if treatment interrupted for more than 3 days, re-titrate from 4.6 mg/24 hours patch.</p> <p><i>Twice weekly patch-</i></p> <p>Zeyzelf® , the twice weekly patches are available in two strengths, 4.6mg/24hr and 9.5mg/24hrs, for clinically appropriate use for selected patients only.</p> <p>Refer to BNF and each SPC for dose equivalence and conversion when switching oral to transdermal.</p>	
Caution in Elderly *	<p>Known history of persistent bradycardia (HR< 60 beats/min), heart block, recurrent unexplained syncope, or concurrent treatment with drugs that reduce heart rate (risk of cardiac conduction failure, syncope, and injury).</p> <p>Patients with body weight below 50 kg may experience more adverse reactions with rivastigmine and may be more likely to discontinue due to adverse reactions.</p> <p>AChEi are associated with increased rates of syncope, bradycardia, pacemaker insertion and hip fractures in older adults with dementia. Any new onset of such symptoms /previously under recognised serious adverse events require drug review and/or specialist advice to establish drug safety and potential benefits.</p>			

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Hepatic Impairment *	Risk of increased exposure in mild to moderate impairment. Dose escalation should be performed according to individual tolerability. No information available in severe impairment.	Avoid in severe hepatic impairment. See BNF for dose adjustments in moderate impairment.	Risk of increased exposure; no information available in severe impairment. Manufacturer advises cautious dose titration according to individual tolerability.	Manufacturer advises avoid in severe impairment; no information available. No dosage adjustment required in mild to moderate hepatic impairment
Renal impairment *	Standard dose schedule, as clearance of donepezil is not affected by this condition.	Avoid if creatinine clearance less than 9 mL/minute. No dose adjustment required if creatinine clearance is 9 mL/minute or above. Not recommended in patients with urinary outflow obstruction or recovering from bladder surgery	Risk of increased exposure Manufacturer advises cautious dose titration according to individual tolerability.	<ul style="list-style-type: none"> Reduce dose to 10 mg daily if eGFR 30–49 mL/minute/1.73 m², if well tolerated after at least 7 days dose can be increased in steps to 20 mg daily. Reduce dose to 10 mg daily if eGFR 5–29 mL/minute/1.73 m². Avoid if eGFR less than 5 mL/minute/1.73 m².
Common /very common Side effects *	Appetite decreased; diarrhoea; dizziness; headache; vomiting; nausea; syncope; skin reactions; gastrointestinal disorders/ discomfort			Balance impaired; constipation; dizziness; drowsiness; dyspnoea; headache; hypersensitivity; hypertension
	Aggression; agitation; common cold; fatigue; hallucination; injury; muscle cramps; pain; sleep disorders; urinary incontinence	Arrhythmias; asthenia; depression; drowsiness; fall; hallucinations; hypertension; malaise; muscle spasms; tremor; weight decreased	Anxiety; arrhythmias; asthenia; dehydration; depression; drowsiness; fall; hypertension; movement disorders; tremor; urinary incontinence; urinary tract infection; weight decreased. Oral and transdermal route of administration may have varied side effect profile. *	

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Interactions *	Caution of QTc interval prolongation and Torsade de Pointes when certain AChE inhibitors used in combination with other medicinal products known to prolong the QTc interval and clinical monitoring (ECG) may be required			
Patient and carer advice	<p>Preferably at bedtime</p> <p>If sleep disturbances, including abnormal dreams, nightmares or insomnia, consider intake in the morning</p>	<p>Administer in morning preferably with food.</p> <p>The capsules should be swallowed whole together with some liquid. The capsules must not be chewed or crushed.</p> <p>Stop taking galantamine immediately in case of signs of serious skin reactions and seek medical advice if symptoms occur.</p>	<p><i>Once daily patch-</i></p> <ul style="list-style-type: none"> Remove previous day's patch and apply ONLY ONE patch (after 24 hrs) to clean, dry, non-hairy, non-irritated skin on back, upper arm, or chest Avoid using the same area for 14 days. The patch should be pressed down firmly for at least 30 seconds using the palm of the hand until the edges stick well. If the patch falls off, a new one should be applied for the rest of the day, then it should be replaced at the same time as usual the next day. The patch can be used and remain when bathing / during hot weather The patch should not be exposed to any external heat sources (e.g. excessive sunlight, saunas, solarium) for long periods of time. The patch should not be cut into pieces. 	Tablets can be taken with or without food

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			<p><i>Twice weekly patch:-</i></p> <p>Zeyzelf® patch should be applied twice weekly on fixed days (after four and three days, respectively). It is presented as a patch with an adhesive cover. Refer to the SPC /PIL for specific instructions on administration.</p>	
<p>Swallowing difficulties / enteral tubes: (refer NEWT for advice on specific enteral type and off label use)</p> <p>SY wide QIPP recommendation: avoid orodispersible and liquid formulations wherever possible.</p>	<p>The film-coated tablets can be crushed and mixed with water for administration.</p>	<p>The modified-release capsules should not be opened.</p>	<p>The capsules can be opened, and the contents dispersed in water for administration.</p>	<p>The tablets can be crushed and dispersed in water for administration.</p> <p>Crush well as they are film-coated.</p>

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