Alzheimer's Disease
Aduhelm (aducanumab-avwa) J0172
Prior Authorization Request
Medicare Part B Form

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

☐ **NEW START** - Start Date:_____	☐ **Continuation** (within 365 days)**:** Date of last treatment _____

☐ Date Requested _____

Requestor _____ Clinic name: _____ Phone _____ / Fax

MEMBER INFORMATION

*Name:_____ *ID#:_____ *DOB:_____

PRESCRIBER INFORMATION

*Name:_____ ☐MD ☐FNP ☐DO ☐NP ☐PA *Phone:_____

*Address:_____ *Fax:_____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name:_____ Phone:_____

*Address:_____ Fax:_____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug ☐ Self-administered	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐Chart notes attached. **Other important information:**_____

Diagnosis: ICD10: _____ **Description**: _____

☐ Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

☐ New Start or Initial Request: (Clinical documentation required for all requests)
  ☐ **Provider has reviewed the attached "Criteria for Approval" and attests the member meets ALL required PA criteria.**
  If not, please provide **clinical rationale** for formulary exception: _____
  _____

☐ Continuation Requests: (Clinical documentation required for all requests)
  ☐ **Provider has reviewed the attached "Criteria for Continuation" and attests the member meets ALL required PA Continuation criteria.**
  ☐ Patient had an <u>adequate response</u> or <u>significant improvement</u> while on this medication.
  If not, please provide clinical rationale for continuing this medication: _____
  _____

ACKNOWLEDGEMENT

Request By (Signature Required): _____Date:_____ /_____ /_____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

For questions or assistance, please contact Customer Service at 1-877-672-8620, daily, 8am – 8pm (PST) (TTY users should call 1-800-735-2900).

Prior Authorization Group – Alzheimer's Disease Drugs PA

Drug Name(s):
ADUHELM
ADUCANUMAB-AVWA

Criteria for approval of Non-Formulary/Preferred Drug:
1. Prescribed for an approved FDA diagnosis (as listed below):
2. Patient has MILD cognitive impairment or MILD dementia stage of disease.
3. Aduhelm is being administered under Coverage with Evidence Development (CED) in a CMS-approved randomized controlled trial or a trial supported by the National Institutes of Health (NIH) AND is being conducted in a hospital-based outpatient setting.
4. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
- If the member meets all these criteria, they may be approved by the Plan for the requested drug.
- Quantity limits and Tiering will be determined by the Plan.
- Continuation Requests: Provider must verify continued clinical benefit in confirmatory trial(s).

Exclusion Criteria:
N/A

Prescriber Restrictions:
N/A

Coverage Duration:
Approval will be for 12 months

FDA Indications:
Aduhlem
1. Alzheimer's Disease in patients with mild cognitive impairment or mild dementia stage of disease, the population in which treatment was initiated in clinical trials.

Off-Label Uses:
N/A

Age Restrictions:
The safety and effectiveness of aducanumab-avwa in pediatric patients have not been established

Other Clinical Consideration:
Treatment should be initiated in patients with mild cognitive impairment or mild dementia stage of disease, the population in which treatment was initiated in clinical trials. There are no safety or effectiveness data on initiating treatment at earlier or later stages of the disease than were studied

Resources:
https://www.micromedexsolutions.com/micromedex2/librarian/CS/0F0D9D/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/B0C151/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=aduhelm&UserSearchTerm=aduhelm&SearchFilter=filterNone&navitem=searchGlobal#