

**Aduhelm (adacanamab-avwa)**  
**Effective 05/01/2022**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Aduhelm® (aducanamab-avwa) is the first disease modifying therapy approved for the treatment of Alzheimer’s disease. Of note, aducanamab received FDA approval based on a surrogate endpoint (reduction in amyloid-β plaques) and has not yet been shown to provide a clinical benefit. Aducanumab is a human immunoglobulin (IgG1) monoclonal antibody directed against aggregated soluble and insoluble forms of amyloid-β, a defining pathophysiological feature of Alzheimer’s disease.

**Reference Table: †**

No PA	Drugs that require PA
<b>Disease Modifying Agents</b>	
	Aduhelm® (aducanamab-avwa)

**Coverage Guideline**

Authorization may be granted for new members to AllWays Health Partners who are currently receiving treatment with Aduhelm excluding when the product is obtained as samples or via manufacturer’s patient assistance programs, when continuation of therapy criteria is met.

**OR**

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Diagnosis of mild cognitive impairment (MCI) or mild dementia associated with Alzheimer’s Disease
2. Prescriber is a neurologist or geriatrics specialist or consult notes from a neurologist or geriatrics specialist are provided
3. Medical records documenting baseline (within the past three months) cognitive function based on **ONE** of the following objective assessments:

- a. Mini Mental State Exam (MMSE) score  $\geq 24$
  - b. Montreal Cognitive Assessment (MoCA) score  $\geq 15$
4. Medical records documenting confirmed evidence of clinically significant AD neuropathology based on **ONE** of the following:
  - a. Cerebral Spinal Fluid (CSF) biomarkers
  - b. Amyloid positron emission tomography (PET)
5. Member has had a brain magnetic resonance imaging (MRI) in the previous three months
6. Appropriate dose
7. The member and/or authorized representative (e.g., power of attorney, invoked health care proxy) has been informed of the known and potential risks and lack of established clinical benefit associated with Aduhelm treatment
8. Member does **NOT** have ANY of the following non-AD neurodegenerative disorders:
  - a. Probable dementia with Lewy bodies by consensus criteria
  - b. Suspected frontotemporal degeneration
  - c. Dementia in down syndrome
9. Member has **NOT** had ANY of the following in the past year:
  - a. Stroke or transient ischemic attack
  - b. Any unexplained loss of consciousness
10. Member does **NOT** have coagulopathy or requirement for therapeutic anticoagulation and/or dual antiplatelet therapy (only aspirin  $\leq 325$  mg/day monotherapy is allowed)
11. Member does **NOT** have ANY of the following neurological or psychiatric conditions:
  - a. Uncontrolled seizure disorder
  - b. Uncontrolled mood disorder, anxiety disorder or psychosis
12. Member does **NOT** have significant cerebrovascular disease as established by brain MRI showing ANY of the following:
  - a. Acute or sub-acute hemorrhage
  - b. Prior macro-hemorrhage or prior subarachnoid hemorrhage (unless finding is not due to an underlying structural or vascular hemorrhage)
  - c.  $\geq 4$  microhemorrhages
  - d. Cortical infarct
  - e.  $>1$  lacunar infarct
  - f. Superficial siderosis
  - g. History of diffuse white matter disease
13. Member does **NOT** have ANY of the following cardiovascular conditions:
  - a. Uncontrolled hypertension
  - b. Coronary artery disease (including unstable angina and myocardial infarction)
  - c. Heart failure
  - d. Arrhythmia
  - e. Clinically significant carotid atherosclerosis and/or peripheral arterial disease
14. Member does **NOT** have ANY uncontrolled clinically significant chronic medical condition (e.g., liver disease, kidney disease, pulmonary disease, autoimmune disease requiring chronic immunosuppression, malignant neoplasm, active chronic infection [HIV, HCV], poorly controlled diabetes mellitus)

### **Continuation of Therapy**

For Aduhelm, prescriber provides documentation of **ALL** of the following (see above for approval duration):

1. Appropriate dose

2. Follow-up MRIs have been conducted at the following timeframes:
  - a. Week 14 (after 4th infusion, prior to first 6 mg/kg dose)
  - b. Week 22 (after 6th infusion, prior to first 10 mg/kg dose)
  - c. Week 30 (after 8th infusion, prior to third 10 mg/kg dose)
  - d. Week 42 (after 11th infusion, prior to sixth 10 mg/kg dose)
  - e. Every 6 months thereafter
3. A copy of MMSE or MoCA (within three months) documenting member has **NOT** had disease progression as established by **ONE** of the following:
  - a. **ONE** of the following:
    - i. MMSE  $\geq$ 24
    - ii. MoCA  $\geq$ 15
  - b. **BOTH** of the following:
    - i. MMSE <24 or MoCA <15
    - ii. Rate of decline was slower than expected (<2 points/year).
4. **ONE** of the following (Amyloid-related imaging abnormalities-hemosiderin [ARIA-H], microhemorrhages):<sup>\* ‡</sup>
  - a. Member has had no new incident microhemorrhage
  - b. Member has had 1 to 4 new incident microhemorrhage(s) **AND** microhemorrhages are asymptomatic (no clinical symptoms)
  - c. Member has had 5 to 9 new incident microhemorrhages **AND** microhemorrhages are asymptomatic (no clinical symptoms) **AND** the microhemorrhages have been stabilized
  - d. Member has had 1 to 9 new incident microhemorrhages **AND** microhemorrhages resulted in mild, moderate or severe clinical symptoms **AND** the microhemorrhages have been stabilized
5. **ONE** of the following (ARIA-H, superficial siderosis):<sup>† ‡</sup>
  - a. Member has had no new incident areas of superficial siderosis
  - b. Member has had 1 new incident area of superficial siderosis **AND** superficial siderosis is asymptomatic (no clinical symptoms)
  - c. Member has had 2 new incident areas of superficial siderosis **AND** superficial siderosis is asymptomatic (no clinical symptoms) **AND** the superficial siderosis has been stabilized
  - d. Member has had 1 to 2 new incident areas of superficial siderosis **AND** superficial siderosis resulted in mild, moderate or severe clinical symptoms **AND** the superficial siderosis has been stabilized
6. **ONE** of the following (Amyloid-related imaging abnormalities-edema [ARIA-E]):
  - a. Member has had no new ARIA-E
  - b. Member has mild ARIA-E on MRI **AND** ARIA-E is asymptomatic (no clinical symptoms)
  - c. Member has had moderate or severe ARIA-E on MRI **AND** ARIA-E is asymptomatic (no clinical symptoms) **AND** the ARIA-E is stable
  - d. Member has had mild, moderate or severe ARIA-E on MRI **AND** ARIA-E resulted in mild, moderate or severe clinical symptoms **AND** the ARIA-E is stable
7. **ONE** of the following:
  - a. Member does **NOT** have ANY of the following<sup>§</sup>:
    - i. Initiation of anticoagulation
    - ii. Development of active immune-mediated/autoimmune conditions (e.g., Crohn's disease, systemic lupus erythematosus, aplastic anemia, myasthenia gravis, meningitis/encephalitis)

- iii. Initiation of immunomodulatory medications (e.g., cancer immunotherapies, rituximab, azathioprine)
- iv. Development of other neurologic conditions (e.g., intracerebral bleeds, traumatic brain injury, stroke)
- b. Clinical rationale for continued use of Aduhelm<sup>§</sup> in a member with at least one of the above noted conditions

Notes:

- \*If the member has had  $\geq 10$  new incident microhemorrhages, regardless of clinical severity (including asymptomatic) therapy should be discontinued permanently and the request should be denied.
- †If the member has had  $\geq 3$  new incident areas of superficial siderosis, regardless of clinical severity (including asymptomatic) therapy should be discontinued permanently and the request should be denied.
- ‡If the member had a serious event, therapy should be discontinued. Serious events include concern for immediate risk of death (a life-threatening event); inpatient hospitalization or prolongation of existing hospitalization due to symptoms; new persistent or significant disability/incapacity.

**Limitations**

1. Initial approvals and reauthorizations will be granted for 6 months.

Drug	Dosing
Aduhelm <sup>®</sup> (aducanumab-avwa) <b>Vial:</b> 170 mg/1.7 mL 300 mg/3 mL	1 mg/kg IV every four weeks x2 doses, followed by 3 mg/kg IV every four weeks x2 doses, followed by 6 mg/kg IV every four weeks x2 doses, followed by 10 mg/kg IV every four weeks.

**Appendix A - Anticoagulant and Antiplatelet Agents**

Members who are utilizing anticoagulant or dual antiplatelet therapy are excluded from utilizing Aduhelm<sup>®</sup>. Only use of aspirin ( $\leq 325$  mg/day is allowed). Members utilizing any of the following medications should be denied.

Class	Agents
Direct Thrombin Inhibitors	Dabigatran etexilate mesylate (Pradaxa <sup>®</sup> )
Factor Xa Inhibitors	Apixaban (Eliquis <sup>®</sup> ) Edoxaban (Savaysa <sup>®</sup> ) Fondaparinux (Arixtra <sup>®</sup> ) Rivaroxaban (Xarelto <sup>®</sup> )
Low Molecular Weight Heparins	Dalteparin (Fragmin <sup>®</sup> ) Enoxaparin (Lovenox <sup>®</sup> )
Vitamin K Antagonists	Warfarin
Antiplatelet Agents	Anagrelide (Agrylin <sup>®</sup> ) Cilostazol Clopidogrel (Plavix <sup>®</sup> ) Dipyridamole ( $\pm$ aspirin) Prasugrel (Effient <sup>®</sup> ) Ticagrelor (Brilinta <sup>®</sup> )

	Vorapaxar (Zontivity®)
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## Appendix B - Side-Effect Protocol

### ARIA - H (Microhemorrhages)

		New Incident Microhemorrhages		
		Radiographic Severity		
		Mild (1 to 4)	Moderate (5 to 9)	Severe (≥10)
Clinical Symptom Severity	Asymptomatic	Continue treatment; MRI q4w until stable	Suspend treatment; MRI q4w until stable; Restart once stable	Stop Permanently
	Mild	Suspend treatment; MRI q4w until stable		Stop Permanently
	Moderate			
	Severe	Restart once stable and clinical symptoms resolved		
Serious*	Stop Permanently			

### ARIA - H (Superficial Siderosis)

		New Incident Areas of Superficial Siderosis (Central Read)		
		Radiographic Severity		
		Mild (1)	Moderate (2)	Severe (≥3)
Clinical Symptom Severity	Asymptomatic	Continue treatment; MRI q4w until stable	Suspend treatment; MRI q4w until stable; Restart once stable	Stop Permanently
	Mild	Suspend treatment; MRI q4w until stable		Stop Permanently
	Moderate			
	Severe	Restart once stable and clinical symptoms resolved		
Serious*	Stop Permanently			

### ARIA - E

		ARIA-E Severity on MRI (Central Read)		
		Radiographic Severity		
		Mild	Moderate	Severe
Clinical Symptom Severity	Asymptomatic	Continue treatment; MRI q4w until stable	Suspend treatment; MRI q4w until stable; Restart once stable	
	Mild	Suspend treatment; MRI q4w until stable		
	Moderate			
	Severe	Restart once stable and clinical symptoms resolved		
Serious*	Stop Permanently			

\*Serious events include concern for immediate risk of death (a life-threatening event); inpatient hospitalization or prolongation of existing hospitalization due to symptoms; new persistent or significant disability/incapacity.

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### **Review History**

03/16/2022 – Reviewed and Created for March P&T; Match MH criteria Effective 05/01/2022.

### **Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.