SENTARA HEALTH PLANS

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-844-668-1550**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization can be delayed**.

For Medicare Members: Medicare Coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx. Additional indications may be covered at the discretion of the health plan.

Drug Requested: Aduhelm™ (aducanumab) **IV (J0172) (Medical)**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Weight: _____ **Date:** _____

❑ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

Recommended Dosage:

- **Maximum Dose – 10mg/kg every 21 days** (single-dose vial for injection): 170 mg/1.7 mL, 300 mg/3 mL
- **Dosing Schedule**:

IV Infusion (every 4 weeks)	**Aduhelm Dosage** (administered over approximately one hour)
Infusion 1 and 2	1 mg/kg
Infusion 3 and 4	3 mg/kg
Infusion 5 and 6	6 mg/kg
Infusion 7 and beyond	10 mg/kg

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- Aduhelm is administered as an intravenous (IV) infusion via a 0.2 or 0.22 micron in-line filter over approximately one hour every four weeks and at least 21 days apart.
- Aduhelm is a beta amyloid targeted therapy currently approved under the Accelerated Approval Pathway for the treatment of Alzheimer's disease based on reduction in amyloid beta plaques observed in patients. It has not yet received a traditional (full) approval by the FDA and continued approval is contingent upon verification of Aduhelm™ clinical benefit in a confirmatory trial.
- After reviewing the clinical data that is available on the efficacy and safety of the Alzheimer's drug Aduhelm, Sentara Health Plans considers the evidence as insufficient to determine Aduhelm results in improving health outcomes. The following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended or prescribed purpose.

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 6 months (6 doses of infusion only)

- ❑ Prescribed by or in consultation with a neurologist

AND

- ❑ Member must be 50 years of age or older

AND

- ❑ Member has a confirmed diagnosis of mild cognitive impairment due to Alzheimer's disease or mild Alzheimer's dementia (there is insufficient evidence in moderate or severe Alzheimer's disease) based on **ONE** of the following dementia rating scales **(must submit baseline documentation)**:
  - ❑ Clinical Dementia Rating-Global score (CDR-GS) of 0.5
  - ❑ Mini-Mental State Exam (MMSE) score of 24-30
  - ❑ Repeatable Battery for Assessment of Neuropsychological Status (RBANS) delayed memory index score of 85 or below
  - ❑ Montreal Cognitive Assessment (MoCA) score of 19.0-25

AND

- ❑ Member has/is experiencing signs and symptoms of mild cognitive impairment characterized by skills that affect memory (i.e., inability to make sound decisions, judge time, sequence, steps needed to complete a complex task) **(must submit chart note documentation)**

AND

- ❑ Provider must submit chart notes supporting that other differential diagnoses have been ruled out (e.g., dementia with Lewy bodies (DLB), frontotemporal dementia (FTD), vascular dementia, pseudodementia due to mood disorder, vitamin B12 deficiency, encephalopathy)

AND

- ❑ Provider must submit documentation of beta-amyloid protein deposition, as evidenced by a positive amyloid positron emission tomography (PET) scan

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AND

- ❑ Member must have undergone a recent (within the last year) brain magnetic resonance imaging (MRI) demonstrating ALL of the following **(must submit MRI results)**:
  - ❑ No brain hemorrhage > 1 cm within the past year
  - ❑ Less than 10 brain microhemorrhages
  - ❑ No localized superficial siderosis

AND

- ❑ Member does **NOT** have any relevant brain hemorrhage, bleeding disorder, cerebrovascular abnormalities, or recent (within the prior year) cardiovascular condition (e.g., unstable angina, myocardial infarction, advanced CHF, or clinically significant conduction abnormalities)

AND

- ❑ Member has **NOT** had a stroke, transient ischemic attack (TIA) or unexplained loss of consciousness in the past 12 months

AND

- ❑ Member is **NOT** currently receiving anti-platelet agents (with the exception of prophylactic aspirin), anticoagulants (e.g., Factor Xa inhibitors), or anti-thrombins (e.g., heparin)

AND

- ❑ Member does **NOT** have impaired renal or liver function

AND

- ❑ Provider attests that counseling has been provided on the risk of amyloid-related imaging abnormalities (ARIA-E and ARIA-H) and member and/or caregiver are aware to monitor for headache, dizziness, visual disturbances, nausea and vomiting

AND

- ❑ Member has **NOT** had a clinically significant and unstable psychiatric illness in the past six months

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Continuation of Therapy: 6 months

- ❑ Members with < 5 total infusions: up to the 4th total infusion
- ❑ Members with < 6 total infusions: up to the 7th total infusion
- ❑ Members with < 8 total infusions up to the 9th total infusion
- ❑ Members with <12 total infusion up to the 11th total infusion
- ❑ Members with > 12 total infusions: 6 infusions per PA approval
- ❑ If infusion is missed, recommended to resume at the same dose as soon as possible. Infusions are administered every 4 weeks at least 21 days.

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- ❑ Member continues to meet the initial criteria

AND

- ❑ Member has responded to therapy compared to pretreatment baseline confirmed by improvement, stability, slowing cognitive and /or functional impairment or there has not been a clinically meaningful cognitive deterioration by **ONE** of the following assessments **(must submit documentation)**:
  - ❑ Clinical Dementia Rating-Global score (CDR-GS) of 0.5 or Clinical Dementia Rating-Sum of Boxes (CDR-SB) score between 0.5-9
  - ❑ Mini-Mental State Exam (MMSE) score of 24-30
  - ❑ Repeatable Battery for Assessment of Neuropsychological Status (RBANS) delayed memory index score of 85 or below
  - ❑ Montreal Cognitive Assessment (MoCA) score of 19.0-25

AND

- ❑ Member has not progressed to moderate or severe dementia

AND

- ❑ Provider continues to monitor member for the occurrence of any medical or neurological conditions (other than Alzheimer's disease) that may be a contributing cause to the member's cognitive impairment

AND

- ❑ Member has received the follow-up MRI for monitoring of Amyloid Related Imaging Abnormalities edema (ARIA-E) or hemosiderin (ARIA-H) at the following timeframes (must submit results):
  - ❑ Pre-5th infusion (prior to first 6mg/kg dose)
  - ❑ Pre-7th infusion (prior to first 10mg/kg dose)
  - ❑ Pre-9th infusion (prior to third 10mg/kg dose)
  - ❑ Pre-12th infusion (prior to sixth 10mg/kg dose)
  - ❑ Every 6 months thereafter

AND

- ❑ Member must meet **ONE** of the following:
  - ❑ Results from MRI must meet **ONE** of the following for members with radiographic evidence of amyloid related imaging abnormalities edema (ARIA-E):
    - ❑ Member has had no new ARIA-E
    - ❑ Member has mild ARIA-E on MRI **AND** ARIA-E is asymptomatic (no clinical symptoms)
    - ❑ Member has had moderate or severe ARIA-E on MRI **AND** ARIA-E is asymptomatic (no clinical symptoms) **AND** the ARIA-E is stable
    - ❑ 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

OR

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- ❑ Results from MRI must meet **ONE** of the following for members with radiographic evidence of amyloid related imaging abnormalities microhemorrhage (ARIA-H):
  - ❑ Member has had 1 to 4 new incident microhemorrhage(s) **AND** microhemorrhages are asymptomatic (no clinical symptoms)
  - ❑ Member has had 5 to 9 new incident microhemorrhages **AND** microhemorrhages are asymptomatic (no clinical symptoms) **AND** the microhemorrhages have been stabilized
  - ❑ 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

OR

  - ❑ Results from MRI must meet **ONE** of the following for members with radiographic evidence of amyloid related imaging abnormalities superficial siderosis (ARIA-H):
    - ❑ Member has had no new incident areas of superficial siderosis
    - ❑ Member has had 1 new incident area of superficial siderosis **AND** superficial siderosis is asymptomatic (no clinical symptoms)
    - ❑ 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
    - ❑ 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

Appendix/General Information

ARIA MRI Classification Criteria

ARIA Type	Radiographic Severity		
	Mild	**Moderate**	**Severe**
ARIA-E	FLAIR hyperintensity confined to sulcus and/or cortex/subcortical white matter in one location < 5cm	FLAIR hyperintensity 5 to 10 cm, or more than 1 site of involvement, each measuring <10 cm	FLAIR hyperintensity measuring > 10cm, often with significant subcortical white matter and/or sulcal involvement. One or more separate sites of involvement may be noted
ARIA-H microhemorrhage	≤ 4 new incident microhemorrhages	5 to 9 new incident microhemorrhages	10 or more new incident microhemorrhages
ARIA-H superficial siderosis	1 focal area of superficial siderosis	2 focal areas of superficial siderosis	>2 focal areas of superficial siderosis

Recommendations for Dosing Interruptions in Patients with Amyloid Related Imaging Abnormalities (ARIA)

According to the label, if dosing is resumed following a temporary suspension, dosing may resume at that same dose and titration schedule prior to the dosing suspension. The benefits of reaching and maintaining the 10 mg/kg dosage should be considered when evaluating a potential dose suspension.

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Table 1: Dosing Recommendations for Patients with ARIA-E

Clinical Symptom Severity	ARIA-E Severity on MRI		
	Mild	**Moderate**	**Severe**
Asymptomatic	May continue dosing at current dose and schedule	Suspend dosing[1]	Suspend dosing[1]
Mild	May continue dosing based on clinical judgment	Suspend dosing[1]	
Moderate or Severe	Suspend dosing[1]		

1. Suspend until MRI demonstrates radiographic resolution and symptoms, if present, resolve; resumption of dosing should be guided by clinical judgment.

Table 2: Dosing Recommendations for Patients with ARIA-H

Clinical Symptom Severity	ARIA-H Severity on MRI		
	Mild	**Moderate**	**Severe**
Asymptomatic	May continue dosing at current dose and schedule	Suspend dosing[1]	Suspend dosing[2]
Symptomatic	Suspend dosing[1]	Suspend dosing[1]	

1. Suspend until MRI demonstrates radiographic resolution and symptoms, if present, resolve; resumption of dosing should be guided by clinical judgment.
2. Suspend until MRI demonstrates radiographic stabilization and symptoms, if present, resolve; use clinical judgment in considering whether to continue treatment or permanently discontinue ADUHELM.

Patients who develop intracerebral hemorrhage greater than 1 cm in diameter during treatment with ADUHELM, suspend dosing until MRI demonstrates radiographic stabilization and symptoms, if present, resolve. In Studies 1 and 2, dosing was permanently discontinued in patients who developed intracerebral hemorrhage greater than 1 cm in 4 diameter. Use clinical judgment in considering whether to continue treatment or permanently discontinue ADUHELM.

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Dementia Rating Scales

Type of dementia rating scale	Description	Rate
Clinical Dementia Rating-Global score (CDR-GS)	Useful for characterizing and tracking a patient's level of impairment/dementia	• 0 = normal • 0.5 = very mild dementia • 1 = mild dementia • 2 = moderate dementia • 3 = severe dementia
Mini-Mental State Exam (MMSE)	Series of questions asked by a health professional designed to test a range of everyday mental skills.	• 25 to 30 suggest normal cognition • 20 to 24 suggests mild dementia • 13 to 20 suggests moderate dementia • less than 12 indicates severe dementia
Repeatable Battery for Assessment of Neuropsychological Status (RBANS)	Series of questions scaled for five cognitive domains such as immediate memory, delayed memory, attention, language, visuospatial	• Scale can range from 40 to160. Mean score of 100 with a standard deviation of 15.
Montreal Cognitive Assessment MoCA	Series of questions to test cognitive domain relating to orientation, memory, visuospatial language, executive function	• 26-30 = normal • 19.0-25 = mild cognitive impairment • 21.0-11.4 = alzheimers disease

References

1. Lin GA, Whittington MD, Synnott PG, McKenna A, Campbell J, Pearson SD, Rind DM. Aducanumab for Alzheimer's Disease: Effectiveness and Value; Draft Evidence Report. Institute for Clinical and Economic Review, June 30, 2021. https://icer.org/assessment/alzheimers-disease-2021
2. Aduhelm [package insert]. Cambridge, MA; Biogen Inc; July 2021
3. Langa, LM, Levine DA. The Diagnosis and Management of Mild Cognitive Impairment: A clinical Review
4. Alzheimer's Home Page: National Institute on Aging. Alzheimers.gov. https://www.alzheimers.gov/. Accessed on August 1, 2021.
5. Arvanitakis Z, Shah RC, Bennett DA. Diagnosis and management of dementia: a review. *JAMA*. 2019;322(16):1589-1599.
6. Biogen. 221AD302 Phase 3 Study of Aducanumab (BIIB037) in Early Alzheimer's Disease (EMERGE). Available from: https://clinicaltrials.gov/ct2/show/NCT02484547?term=NCT02484547&draw=2&rank=1. Accessed July 3, 2021
7. Biogen. 221AD301 Phase 3 Study of Aducanumab (BIIB037) in Early Alzheimer's Disease (ENGAGE). Available from: https://clinicaltrials.gov/ct2/show/NCT02477800?term=NCT02477800&draw=2&rank=1. Accessed June 3, 2021.
8. Cummings J. Aducanumab: Appropriate use recommendations. Alzheimer's Dementia.2021;1-3.

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Medication being provided by: Please check applicable box below.

- ❑ **Location/site of drug administration:** _____
  NPI or DEA # of administering location: _____

  OR

- ❑ **Specialty Pharmacy – PropriumRx**

For urgent reviews: Practitioner should call Sentara Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****