

Clinical Policy: Aducanumab-avwa (Aduhelm)

Reference Number: LA.PHAR.468

Effective Date:

Last Review Date: 07.21

Line of Business: Medicaid

Coding
Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Aducanumab-avwa (Aduhelm™) is a monoclonal antibody targeting amyloid beta.

FDA Approved Indication(s)

Aduhelm is indicated for the treatment of Alzheimer's disease. Treatment with Aduhelm should be initiated in patients with mild cognitive impairment or mild dementia stage of the 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.

This indication is approved under accelerated approval based on reduction in amyloid beta plaques observed in patients treated with Aduhelm. Continued approval for this indication may be contingent upon verification of clinical benefit in confirmatory trial(s).

Policy/Criteria

Prior authorization is required. Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of Louisiana Healthcare Connections that Aduhelm is medically necessary when the following criteria are met:

I. Initial Approval Criteria

A. Alzheimer's Disease (must meet all):

1. Diagnosis of Alzheimer's disease (see Appendix E);
2. Prescribed by a neurologist or geriatric psychiatrist;
3. Age ≥ 50 years;
4. Presence of beta-amyloid plaques verified by one of the following (a or b):
 - a. Positron emission tomography (PET) scan;
 - b. Cerebrospinal fluid (CSF) testing;
5. Documentation of recent (within the last year) brain magnetic resonance imaging (MRI) demonstrating all of the following (a, b, and c):
 - a. No localized superficial siderosis;
 - b. Less than 10 brain microhemorrhages;
 - c. No brain hemorrhage > 1 cm within the past year;
6. Objective evidence of cognitive impairment at screening (see Appendix F);

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7. Clinical Dementia Rating-Global Score (CDR-GS) of 0.5;
8. Mini-Mental State Exam (MMSE) score ≥ 24 ;
9. Member is currently not taking any blood thinners, except aspirin ≤ 325 mg;
10. Member has not had any brain hemorrhage, bleeding disorder, or cerebrovascular abnormalities in the last 6 months;
11. All of the following causes of dementia have been ruled out:
 - a. Vascular dementia;
 - b. Lewy body dementia (DLB);
 - c. Frontotemporal dementia (FTD);
 - d. Parkinson's disease dementia;
12. Dose does not exceed the following (must meet all):
 - a. Infusion 1 and 2: 1 mg/kg per 4 weeks;
 - b. Infusion 3 and 4: 3 mg/kg per 4 weeks;
 - c. Infusion 5 and 6: 6 mg/kg per 4 weeks.

Approval duration: 6 months (6 doses of infusion only)

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): LA.PMN.53 for Medicaid.

II. Continued Therapy

A. Alzheimer's Disease (must meet all):

1. Currently receiving medication via Louisiana Healthcare Connections benefit or member has previously met initial approval criteria;
2. Member is responding positively to therapy as evidenced by slowed decline in cognition;
3. Prior to the 7th and 12th infusion, documentation of recent (within the last month) brain MRI showing one of the following (a or b):
 - a. Less than 10 new incident microhemorrhages and less than 2 focal areas of superficial siderosis;
 - b. Radiographic stabilization since baseline (i.e., no increase in size or number of ARIA-H);
4. If request is for a dose increase, new dose does not exceed 10 mg/kg once every 4 weeks.

Approval duration:

- Members with < 7 total infusions: up to the 6th total infusion
- Members with < 12 total infusions but > 7 total infusions: up to the 11th total infusion
- Members with > 12 total infusions: 6 infusions per PA approval

B. Other diagnoses/indications

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1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): LA.PMN.53 for Medicaid.

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy –LA.PMN.53 for Medicaid, or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
CDR-GS: Clinical Dementia Rating – global score
CSF: cerebrospinal fluid
DLB: Lewy body dementia

FTD: frontotemporal dementia
MMSE: Mini-Mental State Exam
MRI: magnetic resonance imaging
PET: positron emission tomography

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: Dementia Rating Scales

- CDR-GS is 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
- Clinical Dementia Rating Sum of Boxes (CDR-SB) assessment is a 5-point scale used to characterize six domains of cognitive and functional performance applicable to Alzheimer disease and related dementias: Memory, Orientation, Judgment & Problem Solving, Community Affairs, Home & Hobbies, and Personal Care. The information is obtained through an interview of the patient and a reliable informant (e.g., family member). This score is useful for characterizing and tracking a patient's level of impairment/dementia.
 - 0 suggests normal
 - 0.5 to 4 suggests questionable cognitive impairment
 - 0.5 to 2.5 suggests questionable impairment
 - 3.0 to 4.0 suggests very mild dementia
 - 4.5 to 9.0 suggests mild dementia
 - 9.5 to 15.5 suggests moderate dementia

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- 16.0 to 18.0 suggests severe dementia
- MMSE is a series of questions asked by a health professional designed to test a range of everyday mental skills. The maximum score is 30 points where the following levels of dementia are indicated and a score of:
 - 25 to 30 suggest normal cognition,
 - 20 to 24 suggests mild dementia,
 - 13 to 20 suggests moderate dementia, and
 - less than 12 indicates severe dementia.
 - On average, the MMSE score of a person with Alzheimer's declines about two to four points each year.
- The Alzheimer's Disease Assessment Scale-cognitive subscale (ADAS-Cog 13) is the standard cognitive scale used to measure neuropsychological changes in Alzheimer's disease clinical trials. A 4-point change is generally considered as indicating a clinically meaningful difference.

Appendix E: Diagnosis of Alzheimer's disease

- Alzheimer's disease
 - Interference with ability to function at work or at usual activities
 - A decline from a previous level of functioning and performing
 - Not explained by delirium or major psychiatric disorder
 - Cognitive impairment established by history-taking from the patient and a knowledgeable informant; and objective bedside mental status examination or neuropsychological testing
 - Cognitive impairment involves a minimum of two of the following domains:
 - Impaired ability to acquire and remember new information
 - Impaired reasoning and handling of complex tasks, poor judgment
 - Impaired visuospatial abilities
 - Impaired language functions (speaking, reading, writing)
 - Changes in personality, behavior, or comportment
 - Insidious onset (gradual onset over months to years, not over hours to days)
 - Clear-cut history of worsening
 - Initial and most prominent cognitive deficits are one of the following:
 - Amnestic presentation (impairment in learning and recall of recently learned information)
 - Nonamnestic presentation in either a language presentation (prominently word-finding deficits), a visuospatial presentation with visual deficits, or executive dysfunction (prominently impaired reasoning, judgment and/or problem solving)
 - No evidence of substantial concomitant cerebrovascular disease, core features of dementia with DLB, prominent features of behavioral variant FTD or prominent features of semantic or nonfluent/agrammatic variants of primary progressive aphasia (PPA), or evidence of another concurrent, active neurologic or non-neurologic disease or use of medication that could have a substantial effect on cognition

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- **Mild cognitive impairment due to Alzheimer's disease – core clinical criteria**
 - **Concern regarding change in cognition obtained from the patient, from an informant who knows the patient well, or from a skilled clinician observing the patient**
 - **Objective evidence of impairment in one or more cognitive domains that is not explained by age or education**
 - **Preservation of independence in functional abilities**
 - **Not demented**

Appendix F: Objective Evidence of Cognitive Impairment

- **Cognitive impairment is established by history-taking from the patient and a knowledgeable informant, along with validated cognitive assessment instruments:**
 - **Evidence of memory impairment**
 - **Evidence of impairment in one or more cognitive domains that is not explained by age or education**
 - **Evidence of language presentation, with prominent word-finding deficits; a visuospatial presentation, with visual cognitive deficits; or a dysexecutive presentation, with prominent impairment of reasoning, judgment, and/or problem solving**
 - **AD Assessment Scale-Cognitive Subscale (13 items) [ADAS-Cog 13]**
 - **AD Cooperative Study-Activities of Daily Living Inventory (Mild Cognitive Impairment version) [ADCS-ADL-MCI]**

V. Dosage and Administration

Indication	Dosing Regimen		Maximum Dose										
<u>Alzheimer's disease</u>	<p><u>Initial dose should be titrated up as shown below:</u></p> <table border="1"> <tr> <td><u>IV infusion (every 4 weeks)</u></td><td><u>Aduhelm dosage (administered over approximately one hour)</u></td></tr> <tr> <td><u>Infusion 1 and 2</u></td><td><u>1 mg/kg</u></td></tr> <tr> <td><u>Infusion 3 and 4</u></td><td><u>3 mg/kg</u></td></tr> <tr> <td><u>Infusion 5 and 6</u></td><td><u>6 mg/kg</u></td></tr> <tr> <td><u>Infusion 7 and beyond</u></td><td><u>10 mg/kg</u></td></tr> </table> <p><u>After an initial titration, the recommended maintenance dose is 10 mg/kg intravenously via a 0.2 or 0.22 micron in-line filter over approximately one hour every four weeks, and at least 21 days apart.</u></p>	<u>IV infusion (every 4 weeks)</u>	<u>Aduhelm dosage (administered over approximately one hour)</u>	<u>Infusion 1 and 2</u>	<u>1 mg/kg</u>	<u>Infusion 3 and 4</u>	<u>3 mg/kg</u>	<u>Infusion 5 and 6</u>	<u>6 mg/kg</u>	<u>Infusion 7 and beyond</u>	<u>10 mg/kg</u>		<u>10 mg/kg every 21 days</u>
<u>IV infusion (every 4 weeks)</u>	<u>Aduhelm dosage (administered over approximately one hour)</u>												
<u>Infusion 1 and 2</u>	<u>1 mg/kg</u>												
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<u>Infusion 5 and 6</u>	<u>6 mg/kg</u>												
<u>Infusion 7 and beyond</u>	<u>10 mg/kg</u>												

VI. Product Availability

Vial for injection (single-dose): 170 mg/1.7 mL, 300 mg/3 mL

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VII. References

1. [Aduhelm Prescribing Information. Cambridge, MA: Biogen, Inc.; July 2021. Available at: \[https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/761178s000lbl.pdf\]\(https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/761178s000lbl.pdf\). Accessed July 12, 2021.](https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/761178s000lbl.pdf)
2. [ClinicalTrials.gov. 221AD301 Phase 3 Study of Aducanumab \(BIIB037\) in Early Alzheimer's Disease \(ENGAGE\). Available at: <https://clinicaltrials.gov/ct2/show/NCT02477800>. Accessed June 10, 2021.](https://clinicaltrials.gov/ct2/show/NCT02477800)
3. [ClinicalTrials.gov. 221AD302 Phase 3 Study of Aducanumab \(BIIB037\) in Early Alzheimer's Disease \(EMERGE\). Last updated May 6, 2021. Available at: <https://clinicaltrials.gov/ct2/show/NCT02484547>. Accessed June 10, 2021.](https://clinicaltrials.gov/ct2/show/NCT02484547)
4. [Albert MS, DeKosky ST, Dickson D, et al. The diagnosis of mild cognitive impairment due to Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimers Dement* 2011; 7\(3\):270-279.](#)
5. [McKhann GM, Knopman DS, Chertkow H, et al. The diagnosis of dementia due to Alzheimer's disease: Recommendations from the National Institute on Aging-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimers Dement* 2011; 7\(3\):263-269.](#)
6. [Peripheral and Central Nervous System \(PCNS\) Drugs Advisory Committee Meeting. Combined FDA and Applicant PCNS Drugs Advisory Committee Briefing Document. November 6, 2020. Available at: <https://www.fda.gov/advisory-committees/advisory-committee-calendar/november-6-2020-meeting-peripheral-and-central-nervous-system-drugs-advisory-committee-meeting#event-materials>. Accessed June 10, 2021.](https://www.fda.gov/advisory-committees/advisory-committee-calendar/november-6-2020-meeting-peripheral-and-central-nervous-system-drugs-advisory-committee-meeting#event-materials)
7. [Institute for Clinical and Economic Review: Draft Evidence Report - Aducanumab for Alzheimer's disease: Effectiveness and Value. May 5, 2021. Available at: \[https://icer.org/wp-content/uploads/2020/10/ICER_ALZ_Draft_Evidence_Report_050521.pdf\]\(https://icer.org/wp-content/uploads/2020/10/ICER_ALZ_Draft_Evidence_Report_050521.pdf\). Accessed June 10, 2021.](https://icer.org/wp-content/uploads/2020/10/ICER_ALZ_Draft_Evidence_Report_050521.pdf)

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<u>HCPCS Codes</u>	<u>Description</u>
<u>TBD</u>	<u>Injection, aducanumab, # mg</u>

<u>Reviews, Revisions, and Approvals</u>	<u>Date</u>
<u>Converted corporate to local policy</u>	<u>07.2021</u>

Important Reminder

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This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results.

Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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