

Aduhelm (aducanumab-avwa)

Drug names	<div>1. Aduhelm</div> <div>2. Aducanumab-avwa</div>				
Description	<p>Aduhelm is a prescription medicine used to treat people with Alzheimer’s disease. Treatment with Aduhelm should be initiated in patients with mild cognitive impairment or mild dementia state of disease.</p> <p>It is administered by intravenous (IV) infusion.</p>				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.21.24</td><td>Updated to new template.</td></tr></table>	Date	Description	2.21.24	Updated to new template.
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2.21.24	Updated to new template.				

Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Injectable Policy, <i>Aduhelm (aducanumab-avwa)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Not covered.				
Mayo Medical Plan (MMP)	<p>Magellan’s Pharmacy Clinical Guideline, <i>Aduhelm (aducanumab-avwa)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: All providers, including Mayo Clinic providers, require PA.– Medicare supplement: PA does not apply.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.				
Medica (including MHPS)	<p>Medica’s Drug Management Policy, <i>Aduhelm (aducanumab-avwa)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Not covered.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Requires prior authorization.• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Magellan’s Pharmacy Clinical Guideline, <i>Aduhelm (aducanumab-avwa)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.• Medica is the only payer.
Cost (Prime)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.• Drug administration: Quote office visit or Home IV Therapy benefits.• Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.
Med Advantage	<p>Magellan’s Pharmacy Clinical Guideline, <i>Aduhelm (aducanumab-avwa)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">– Drug administration: Quote office visit or Home IV Therapy benefits.– Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.• Medica is the only payer.
Med Supp (Select, Signature)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.
Medicaid	<p>Magellan’s Pharmacy Clinical Guideline, <i>Aduhelm (aducanumab-avwa)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit, outpatient hospital, or Home IV Therapy benefits.

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Government Programs, Continued

Document
history

The document history for the past 12 months is outlined below.

Date	Description
2.21.24	<i>SNBC/MS C+, Cost, Med Supp</i> - Added requires Prior Auth note back into each section.
2.21.24	Updated to new template.

Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Injectable Policy, <i>Aduhelm (aducanumab-avwa)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Not covered.				
Medica	<p>Medica’s Drug Management Policy, <i>Aduhelm (aducanumab-avwa)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Not covered.				
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