

ADUHELM (aducanumab) PRIOR AUTHORIZATION FORM (form effective 7/1/2022)

Prior authorization guidelines for **Aduhelm (aducanumab)** are available on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:		Specialty:	
Contact's phone number:		NPI:	State license #:
LTC facility contact/phone:		Street address:	
Beneficiary name:		City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:

CLINICAL INFORMATION

Drug requested: Aduhelm vial	<input type="checkbox"/> 170 mg/1.7mL - # of vials per dose: _____ 1.7 mL vials <input type="checkbox"/> 300 mg/3 mL - # of vials per dose: _____ 3 mL vials <input type="checkbox"/> _____ - # of vials per dose: _____ vials	Refills:
Directions:	Weight: _____ kg	
Diagnosis:	DX code (<i>required</i>):	
SPECIALTY PHARMACY DRUG PROGRAM: Aduhelm is included in the DHS Specialty Pharmacy Drug Program and is available from DHS's specialty pharmacy. Refer to https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx for more information about the Specialty Pharmacy Drug Program.		DHS specialty pharmacy: Chartwell Pennsylvania, LP Oakdale, PA Phone: 833-710-0211 Fax: 412-920-1869 www.chartwellpa.com
Is Aduhelm prescribed by a dementia specialist (e.g., neurologist, psychiatrist, geriatrician)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any of the following apply to the beneficiary? Check all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Has a medical or neurological condition (other than Alzheimer's disease) that might be a significant contributing cause of the beneficiary's cognitive impairment <input type="checkbox"/> Has a history of stroke or TIA or unexplained loss of consciousness in the past year <input type="checkbox"/> Has poorly controlled diabetes mellitus <input type="checkbox"/> Has evidence of acute or sub-acute micro- or macrohemorrhage, greater than 4 microhemorrhages, cortical infarct, or more than 1 lacunar infarct on brain MRI <input type="checkbox"/> Uses anticoagulants (except for aspirin at a prophylactic or lower dose) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Submit documentation.</i>	
INITIAL Requests		
Will the prescribing dementia specialist monitor and assess the beneficiary at least once every 3 months while using Aduhelm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the beneficiary have results of a baseline MRI?	<input type="checkbox"/> Yes <i>Submit documentation of baseline MRI results.</i> <input type="checkbox"/> No
Does the beneficiary have results of a PET scan that is positive for beta-amyloid plaques?	<input type="checkbox"/> Yes <i>Submit documentation of PET scan results.</i> <input type="checkbox"/> No
Does the beneficiary have at least 2 of the following? Check all that apply. <input type="checkbox"/> Mini-Mental State Examination (MMSE) score of at least 24 <input type="checkbox"/> Montreal Cognitive Assessment (MoCA) score of at least 18 <input type="checkbox"/> Global Clinical Dementia Rating Scale (CDR) score of 0.5	<input type="checkbox"/> Yes <i>Submit documentation.</i> <input type="checkbox"/> No
RENEWAL Requests	
Is the beneficiary experiencing clinical benefit from and tolerability of Aduhelm?	<input type="checkbox"/> Yes <i>Submit documentation.</i> <input type="checkbox"/> No
Has the prescribing dementia specialist monitored and assessed the beneficiary at least every 3 months while receiving treatment with Aduhelm?	<input type="checkbox"/> Yes <i>Submit documentation of ongoing monitoring since starting Aduhelm.</i> <input type="checkbox"/> No
Will the prescribing dementia specialist continue to monitor and assess the beneficiary at least once every 3 months while using Aduhelm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the beneficiary have recent results of at least 2 of the following? Check all that apply. <input type="checkbox"/> Mini-Mental State Examination (MMSE) <input type="checkbox"/> Montreal Cognitive Assessment (MoCA) <input type="checkbox"/> Global Clinical Dementia Rating Scale (CDR)	<input type="checkbox"/> Yes <i>Submit documentation.</i> <input type="checkbox"/> No
Does the beneficiary have results of periodic MRIs since starting treatment with Aduhelm?	<input type="checkbox"/> Yes <i>Submit documentation of MRI results.</i> <input type="checkbox"/> No

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:	Date:
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