



Texas Medicaid Provider Procedures Manual

July 2022

Volume
2

Provider Handbooks

Outpatient Drug Services Handbook

The Texas Medicaid & Healthcare Partnership (TMHP) is the claims administrator for Texas Medicaid under contract with the Texas Health and Human Services Commission.

6.4 * Aducanumab-avwa (Aduhelm™)

Aducanumab-avwa (Aduhelm™) (procedure code J0172) is a benefit of Texas Medicaid for clients with prior authorization. Procedure code J0172 is limited to diagnosis codes G300, G301, G308, or G309.

Aducanumab-avwa (Aduhelm™) is an amyloid-beta directed antibody indicated to treat Alzheimer's disease (AD) by reducing amyloid-beta plaques.

[Revised] This clinical prior authorization applies to Medicaid clients only. Dual eligible clients must follow the Medicare National Coverage Determination policy guidelines for monoclonal antibodies directed against amyloid for the treatment of Alzheimer's disease.

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6.4.1 * Prior Authorization

Initial Requests

Initial therapy for Aducanumab-avwa (Aduhelm™) may be approved for a 6-month duration if all of the following criteria are met:

- Client has a confirmed diagnosis of Alzheimer's disease (G300, G301, G308, or G309).
- Prescriber attestation that other forms of dementia except Alzheimer's disease have been ruled out by appropriate lab and/or other diagnostic testing.
- Prescriber's confirmation of amyloid beta-plaques presence.
- Clinical testing must confirm client has mild cognitive impairment caused by Alzheimer's disease or mild stage of Alzheimer's disease.
- Client must currently not be taking any anti-coagulant (except for aspirin at a prophylactic dose or less) or have history of a clotting disorder.
- Documentation that client has received a baseline brain-magnetic resonance imaging (MRI) prior to initiating treatment (within the past year).
- The following are the monitoring requirements during the treatment period:
 - [Revised] Prescriber must monitor for amyloid related imaging abnormalities (ARIA) during the first eight doses of treatment, particularly during titration.
 - [Revised] Prescriber attestation to obtain a brain MRI prior to the 5th, 7th, 9th and 12th infusion to check for asymptomatic ARIA.
 - [Revised] Enhanced clinical vigilance for ARIA is recommended during the first 8 doses of Aduhelm and for clients with radiographic findings of ARIA. Additional monitoring and MRIs may be considered if clinically indicated.
 - [Revised] Clients with severe amyloid related imaging abnormalities hemosiderin deposition (ARIA-H) may continue therapy only if radiographic stabilization has been confirmed by a follow-up brain MRI and supported by clinical evaluation.

Re-certification/Extension

For renewal or continuation therapy of Aducanumab-avwa (Aduhelm™) the client must meet the following requirements:

- Client continues to meet the initial authorization approval criteria.
- Client has not progressed to moderate or severe dementia caused by Alzheimer's disease.
- Client experienced positive clinical response to therapy as demonstrated by no increase in amyloid plaque or radiographic stabilization as compared to baseline.
- [Revised] Documentation of a brain MRI prior to the 5th, 7th, 9th and 12th infusion to check for ARIA.
- Client has not experienced any complications or unacceptable toxicities during Aducanumab-avwa (Aduhelm™) treatment.