

PHARMACY POLICY STATEMENT

Ohio Medicaid

DRUG NAME

Aduhelm (aducanumab-

7. Member is not taking any blood thinners (exception: low dose aspirin).
8. **Dosage allowed/Quantity limit:** After initial titration (see below), the recommended maintenance dose is 10 mg/kg every 4 weeks as an IV infusion.

For **reauthorization:**

1. Member has had a follow up assessment to determine that they have not progressed to moderate/severe dementia, as concluded by at lvtA(u)5n3 -0.001 Tc 0.001 Tdvwo(ED)]TJ0 Tc 0 T5528.09 0 Td

5. Alexander GC, Emerson S, Kesselheim AS. Evaluation of Aducanumab for Alzheimer Disease: Scientific Evidence and Regulatory Review Involving Efficacy, Safety, and Futility. *JAMA*. 2021;325(17):1717-1718. doi:10.1001/jama.2021.3854
6. Haerberlein SB, von Hehn C, Tian Y, Chalkias S, et al. EMERGE and ENGAGE Topline Results: Two Phase 3 Studies to Evaluate Aducanumab in Patients With Early Alzheimer's Disease. Presented at: Clinical Trials on Alzheimer's Disease - 12th Conference (CTAD 2019). Dec 4th - Dec 7th, 2019; San Diego, CA, USA. *JAMA*. 2019;321(10):1600-1601. doi:10.1001/jama.2019.1710