pennsylvania
DEPARTMENT OF HUMAN SERVICES

Office of Medical Assistance Programs
Fee-for-Service, Pharmacy Division
Phone 1-800-537-8862 Fax 1-866-327-0191

AMYLOID-TARGETED MONOCLONAL ANTIBODIES (MABs) PRIOR AUTHORIZATION FORM

(form effective 7/10/2023)

Prior authorization guidelines for Amyloid-Targeted Monoclonal Antibodies (MABs) are available on the DHS Pharmacy Services website at https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx.

☐New request ☐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:	Strength:
Quantity (for each vial size):	Refills:
Directions:	Weight: _____ kg
Diagnosis:	Dx code (*required*):
SPECIALTY PHARMACY DRUG PROGRAM: Amyloid-Targeted MABs are included in the DHS Specialty Pharmacy Drug Program and are 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 the requested drug prescribed by a dementia specialist (e.g., neurologist, psychiatrist, geriatrician)?	☐Yes ☐No

Complete all sections that apply to the beneficiary and this request.

Check all that apply and submit documentation for each item.

INITIAL Requests

1. For ALL Amyloid-Targeted MABs:
   - ☐Will be monitored and assessed by the prescribing dementia specialist at least every 3 months while taking the requested medication
   - ☐Has baseline MRI results as recommended in the FDA-approved package labeling
   - ☐Has positron emission tomography scan or cerebrospinal fluid biomarker testing positive for beta-amyloid plaques
   - ☐Does not have a contraindication to MRI scanning (e.g., cardiac pacemaker/defibrillator or ferromagnetic metal implants)
   - ☐Does not have a medical or neurological condition (other than Alzheimer's disease) that might be a significant contributing cause of the beneficiary's cognitive impairment

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2. For Aduhelm (aducanumab):
- ☐ Had an MRI scan within the past year
- ☐ Has at least TWO of the following:
  - ☐ Mini-Mental State Examination (MMSE) score of at least 24
  - ☐ Montreal Cognitive Assessment (MoCA) score of at least 18
  - ☐ Global Clinical Dementia Rating Scale (CDR) score of 0.5
- ☐ Does NOT have any of the following:
  - ☐ A history of stroke or TIA or unexplained loss of consciousness in the past year
  - ☐ Poorly controlled diabetes mellitus
  - ☐ A brain MRI showing evidence of acute or sub-acute micro- or macrohemorrhage, greater than 4 microhemorrhages, cortical infarct, or more than 1 lacunar infarct
  - ☐ Current use of anticoagulants (except for aspirin at a prophylactic or lower dose)

3. For Leqembi (lecanemab):
- ☐ Had an MRI scan within the past year
- ☐ Has at least TWO of the following:
  - ☐ Mini-Mental State Examination (MMSE) score of at least 22
  - ☐ Montreal Cognitive Assessment (MoCA) score of at least 17
  - ☐ Global Clinical Dementia Rating Scale (CDR) score of 0.5 or 1
- ☐ Does NOT have any of the following:
  - ☐ A history of stroke, TIA, or seizures in the past year
  - ☐ A bleeding disorder that is not under adequate control
  - ☐ Any of the following significant pathological findings on brain MRI at screening:
    - ☐ More than 4 microhemorrhages (defined as 10 mm or less at the greatest diameter)
    - ☐ A single macrohemorrhage greater than 10 mm at greatest diameter
    - ☐ An area of superficial siderosis
    - ☐ Evidence of vasogenic edema
    - ☐ Evidence of cerebral contusion, encephalomalacia, aneurysms, vascular malformations, or infective lesions
    - ☐ Evidence of multiple lacunar infarcts or stroke involving a major vascular territory or severe small vessel or white matter disease
    - ☐ Space occupying lesions
    - ☐ Brain tumors (excluding lesions diagnosed as meningiomas or arachnoid cysts and less than 1 cm at their greatest diameter)

RENEWAL Requests

1. For ALL Amyloid-Targeted MABs:
- ☐ Is experiencing medical benefit from and tolerability of the requested medication
- ☐ Has repeat testing and documented results of at least TWO of the following:
  - ☐ Mini-Mental State Examination (MMSE)
  - ☐ Montreal Cognitive Assessment (MoCA)
  - ☐ Global Clinical Dementia Rating Scale (CDR)
- ☐ Does not have a contraindication to MRI scanning (e.g., cardiac pacemaker/defibrillator or ferromagnetic metal implants)
- ☐ Does not have a medical or neurological condition (other than Alzheimer's disease) that might be a significant contributing cause of the beneficiary's cognitive impairment
- ☐ Was monitored and assessed by the prescribing dementia specialist at least every 3 months while taking the requested medication
- ☐ Will continue to be monitored and assessed by the prescribing dementia specialist at least every 3 months while taking the requested medication
- ☐ Is continuing treatment with the requested medication based on recent MRI results as recommended in the FDA-approved package labeling

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2. For Aduhelm (aducanumab):
- ☐ Does NOT have any of the following:
  - ☐ A history of stroke or TIA or unexplained loss of consciousness in the past year
  - ☐ Poorly controlled diabetes mellitus
  - ☐ A brain MRI showing evidence of acute or sub-acute micro- or macrohemorrhage, greater than 4 microhemorrhages, cortical infarct, or more than 1 lacunar infarct
  - ☐ Current use of anticoagulants (except for aspirin at a prophylactic or lower dose)

3. For Leqembi (lecanemab):
- ☐ Does NOT have any of the following:
  - ☐ A history of stroke, TIA, or seizures in the past year
  - ☐ A bleeding disorder that is not under adequate control
  - ☐ Any of the following significant pathological findings on brain MRI at screening:
    - ☐ Evidence of cerebral contusion, encephalomalacia, aneurysms, vascular malformations, or infective lesions
    - ☐ Evidence of multiple lacunar infarcts or stroke involving a major vascular territory or severe small vessel or white matter disease
    - ☐ Space occupying lesions
    - ☐ Brain tumors (excluding lesions diagnosed as meningiomas or arachnoid cysts and less than 1 cm at their greatest diameter)

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

Prescriber Signature:	Date: