

Aducanumab-avwa (Aduhelm™)

Place of Service  
Office Administration  
Infusion Center Administration  
Home Infusion Administration

HCPCS: J0172 per 2 mg

**Condition listed in policy**

- [Alzheimer's disease](#) [See Section (4)]

**AHFS therapeutic class:** Antidementia Agents

**Mechanism of action:** Amyloid beta-directed antibody

**(1) Special Instructions and Pertinent Information**

Please submit clinical information for prior authorization review via fax. All requests must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**(2) Prior Authorization/Medical Review is required for the following condition(s)**

See Section (4).

**(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

See Section (4).

**(4) This Medication is NOT COVERED for the following condition(s)**

The following conditions and other indications not listed in this policy do not meet the coverage criteria established by the Blue Shield of CA P&T Committee and are NOT-COVERED. Please refer to the user guide for more information.

**Alzheimer's disease:** Aduhelm is considered investigational due to insufficient evidence of clinical benefit for Alzheimer's disease while showing evidence of significant safety risk.

**(5) Additional Information**

How supplied:

- 170 mg /1.7 mL (single-dose vial)
- 300 mg/3 mL (single-dose vial)

**(6) References**

- Aduhelm™ (aducanumab-avwa) [Prescribing Information]. Cambridge, MA: Biogen Inc.; 4/2022.

**(7) Policy Update**

Date of last review: 4Q2023

Date of next review: 4Q2024

Commercial

Aducanumab-avwa (Aduhelm)

Effective: 04/03/2024

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Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*