

Last review date: 10/1/2024

Applicable Products:	
Briumvi (Ublituximab-xiiy)	Tyruko (natalizumab-sztn)
Lemtrada (alemtuzumab)	Tysabri (natalizumab)
Ocrevus (ocrelizumab)	
Ocrevus Zunovo (ocrelizumab; hyaluronidase)	

Initial Approval Criteria:

Coverage may be approved if all of the following are met:

- Drug-specific criteria; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Briumvi

- Patient is 18 years of age or older; **AND**
- A diagnosis of a relapsing form of MS to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease; **AND**
- Documentation of an MRI of the brain showing abnormalities consistent with MS; **AND**
- Prescribed by a neurologist or a provider who specializes in MS; **AND**
- Briumvi will not be used in combination with any disease modifying therapies

Lemtrada

- Patient is 18 years of age or older; **AND**
- A diagnosis of a relapsing form of MS to include relapsing-remitting disease and active secondary progressive disease; **AND**
- Documentation of an MRI of the brain showing abnormalities consistent with MS; **AND**
- Prescribed by a neurologist or a provider who specializes in MS; **AND**
- Lemtrada will not be used in combination with any disease modifying therapies; **AND**
- Due to its safety profile, patient has had an inadequate response to two or more drugs indicated for the treatment of MS

Ocrevus/Ocrevus Zunovo

- Patient is 18 years of age or older; **AND**
- A diagnosis of one of the following:
 - A relapsing form of MS to include relapsing-remitting disease and active secondary progressive disease; **OR**
 - Primary progressive MS; **AND**
- Documentation of an MRI of the brain showing abnormalities consistent with MS; **AND**
- Prescribed by a neurologist or a provider who specializes in MS; **AND**
- Ocrevus will not be used in combination with any disease modifying therapies

Tyruko/Tysabri

- Patient is 18 years of age or older; **AND**
- A diagnosis of one of the following:
 - A relapsing form of MS to include relapsing-remitting disease and active secondary progressive disease; **AND**
 - Documentation of an MRI of the brain showing abnormalities consistent with MS; **AND**
 - Prescribed by a neurologist or a provider who specializes in MS; **AND**
 - Tyruko/Tysabri will not be used in combination with any disease modifying therapies; **OR**
 - Moderate to severe Crohn's Disease; **AND**
 - Patient has had an inadequate response to conventional therapy with one of the following:
 - Corticosteroids
 - 6-mercaptopurine/azathioprine
 - 5 aminosalicylates

Renewal Criteria:

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence from unacceptable toxicity

Length of Authorization:

12 months

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.