SmartHealth Ascension

Natalizumab

(Tysabri®) J2323 (1mg)

Covered with prior authorization

Natalizumab (Tysabri®) may be authorized when the following criteria are met:

Relapsing Forms of Multiple Sclerosis

Initial Therapy

- Diagnosis of relapsing forms of multiple sclerosis (MS) (e.g., clinically isolated syndrome, relapsing-remitting disease, active secondary-progressive disease); **AND**
- Individual has had an inadequate response to or is unable to tolerate, alternative treatments for MS; **AND**
- Individual is enrolled in, and meeting all conditions of the MS Touch® Prescribing Program (REMS);
- Individual is not receiving Tysabri in combination with any of the following (used as monotherapy):
    - Disease modifying therapy (e.g., interferon beta preparations, glatiramer acetate, fingolimod, cladribine, siponimod, or teriflunomide); **OR**
    - B cell targeted therapy (e.g., rituximab, belimumab, ofatumumab); **OR**
    - Lymphocyte trafficking blockers (e.g., alemtuzumab, mitoxantrone); **AND**
- Tysabri is dosed according to the US FDA labeled dosing, 300mg IV infused over 1 hour every 4 weeks; **AND**
- **Initial authorization is for no more than 6 months.**

Continuation of Therapy

- Individual has previously received treatment with Tysabri; **AND**
- Documentation of positive clinical response to Tysabri therapy; **AND**
- Individual is not receiving Tysabri in combination with any of the following (used as monotherapy):
    - Disease modifying therapy (e.g., interferon beta preparations, glatiramer acetate, fingolimod, cladribine, siponimod, or teriflunomide); **OR**
    - B cell targeted therapy (e.g., rituximab, belimumab, ofatumumab); **OR**
    - Lymphocyte trafficking blockers (e.g., alemtuzumab, mitoxantrone); **AND**
- Tysabri is dosed according to the US FDA labeled dosing, 300mg IV infusion over 1 hour every 4 weeks; **AND**
- **Continuation approval is for no more than 12 months**.

Crohn's Disease

Initial Therapy

- Diagnosis of moderately to severely active Crohn's disease; **AND**
- Evidence of inflammation (e.g., elevated C-reactive protein [CRP], elevated erythrocyte sedimentation rate, presence of fecal leukocytes5); **AND**
- History of inadequate response or intolerance to conventional Crohn's disease therapies and inhibitors of TNF-α. Conventional Crohn's disease therapies may include aminosalicylates (such as mesalamine and sulfasalazine), corticosteroids, immunomodulators (such as azathioprine, 6-mercaptopurine, and methotrexate) and TNFinhibitors [e.g., infliximab (Remicade®), adalimumab (Humira®), or certolizumab pegol (Cimzia®)]; **AND**
- Individual is enrolled in and met all conditions of the CD Touch® Prescribing Program (REMS)**; AND**
- Individual is not receiving concomitant treatment with immunosuppressants (e.g., 6-MP, azathioprine, cyclosporine, or methotrexate) or TNF-inhibitors [e.g., infliximab (Remicade), adalimumab (Humira), or certolizumab pegol (Cimzia)]; **AND**
- Tysabri is dosed according to the US FDA labeled dosing, 300mg IV infusion every 4 weeks; **AND**
- **Initial authorization is for no more than 6 months.**

Continuation of Therapy

- Individual has previously received treatment with Tysabri; **AND**
- Documentation of positive clinical response to Tysabri therapy; **AND**
- Diagnostic and/or clinical documentation (e.g. improved disease activity index) that indicates individual has experienced clinical benefit from receiving (induction) natalizumab therapy by week 12; **AND**
- Individuals with Crohn's disease who start natalizumab while on chronic oral corticosteroids must discontinue chronic steroids within 6 months of starting natalizumab therapy or natalizumab therapy should be discontinued; **AND**
- Individual is not receiving concomitant treatment with immunosuppressants (e.g., 6-MP, azathioprine, cyclosporine, or methotrexate) OR TNF-inhibitors [e.g., Enbrel (etanercept), Humira (adalimumab), or Remicade (infliximab)]; **AND**
- Tysabri is dosed according to the US FDA labeled dosing, 300mg IV infusion over 1 hour every 4 weeks; **AND**
- **Continuation approval is for no more than 12 months**.

Exclusion criteria:

- All other indications not included above;
- Doses, durations, or dosing intervals that exceed FDA maximum limits for any FDA-approved indication or are not supported by industry-accepted practice guidelines or peer-reviewed literature for the relevant off-label use;
- Individuals with significant known risk factors unless the record provides an assessment of clinical benefit that outweighs the risk;
- Individual is using to treat primary progressive multiple sclerosis;
- Individual is using to treat non-active secondary progressive multiple sclerosis;

- Individual is currently responsive to and tolerating another treatment for multiple sclerosis or Crohn's disease;
- Individual has a current or prior history of progressive multifocal leukoencephalopathy (PML);
- Individual has a medical condition which significantly compromises the immune system including HIV infection or AIDS, leukemia, lymphoma or organ transplantation;
- Concurrent use with chronic antineoplastics, immunosuppressants (for example, azathioprine) or TNF- α inhibitors;
- Concurrent use with other MS disease modifying agents (including Aubagio, Avonex, Betaseron, Copaxone/Glatiramer/Glatopa, Extavia, Gilenya, Lemtrada, Mavenclad, Mayzent, Ocrevus, Plegridy, Rebif and Tecfidera);
- Individual has received an Immune-modifying MS drug (such as Copaxone, Betaseron, Avonex, or Rebif) in last 2 weeks;
- Individual has received an immune-supressing drug (such as Novantrone, Cytoxan, or Imuran) in the last 3 months;
- Individual has positive test results for anti- John Cunningham virus (JCV) antibodies.

Note: Tysabri has a black box warning for progressive multifocal leukoencephalopathy (PML). Tysabri increases the risk of PML, an opportunistic viral infection of the brain that usually leads to death or severe disability. Risk factors for the development of PML include duration of therapy, prior use of immunosuppressants, and presence of anti-JCV antibodies. Monitor patients and withhold Tysabri immediately at the first sign or symptom suggestive of PML. Because of the risk of PML, Tysabri is available only through a restricted distribution program under a Risk Evaluation and Mitigation Strategy (REMS) called the TOUCH Prescribing Program.

Annual reauthorizations will require medical chart documentation that the patient has been seen within the past 12 months and that markers of disease are improved by therapy

Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

U.S. Food and Drug Administration:
This section is to be used for informational purposes. FDA approval alone is not a basis for coverage.
TYSABRI is an integrin receptor antagonist indicated for treatment of: Multiple Sclerosis (MS)

- As monotherapy for the treatment of patients with relapsing forms of multiple sclerosis to delay the accumulation of physical disability and reduce the frequency of clinical exacerbations. TYSABRI is generally recommended for patients who have had an inadequate response to, or are unable to tolerate, an alternate MS therapy.
- Crohn's Disease (CD); Inducing and maintaining clinical response and remission in adult patients with moderately to severely active Crohn's disease with evidence of inflammation who have had an inadequate response to, or are unable to tolerate, conventional CD therapies and inhibitors of TNF-α.
- Important Limitations: In CD, TYSABRI should not be used in combination with immunosuppressants or inhibitors of TNF-α.

References:
Tysabri (natalizumab) label. (2012, January). Accessdata.fda.gov. Retrieved June 21, 2022 from https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/125104s0576lbl.pdf
Tysabri [package insert]. Biogen Idec, Inc: Cambridge, MA; December 2021
Tramacere I, Del Giovane C, Salanti G, et al. Immunomodulators and immunosuppressants for relapsing-remitting multiple sclerosis: a network meta-analysis. Cochrane Database Syst Rev. 2015 Sep 18;(9):CD011381.
Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. Neurology. 2018; Apr 24;90.
Crohn's Disease information page. National Digestive Diseases Information Clearinghouse (NDDIC) Web site. Available at https://www.niddk.nih.gov/health-information/digestive-diseases/crohns-disease. Accessed June 21, 2022
Lichtenstein GR, Loftus EV, Isaacs KL, et al. ACG Practice Guidelines. Management of Crohn's Disease in Adults. Am J Gastroenterol. 2018 Apr;113(4):481-517.
O'Connor P, Goodman A, Kappos L et al. Long-term safety and effectiveness of natalizumab redosing and treatment in the STRATA MS Study. Neurology. 2014 Jul 1;83(1):78-86

Criteria History/ Revision Information:

Date	Summary of Changes
June 2022	Criteria for use summary developed by Ascension Medical Specialty Prior Authorization Team
July 2022	Criteria for use summary approved by Ascension Therapeutic Affinity Group

If you have questions, call 833-980-2352 to speak to a member of the Ascension Rx prior authorization team or email your questions to smarthealthspecialty@ascension.org.