This policy applies to the following:

	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSFC)		Medical Benefit	✓	Medicare Part B
	Preferred Drug Plan Design (PDPD)		Marketplace (MF)		SF Chart (SFC)		Medical Benefit: Biosimilars First	✓	Medicare Part B: Biosimilars First
	Advanced Control Specialty (ACSF)		New to Market (NTM)		VF Chart (VFC)		Medical Benefit: Add-on	✓	Medicare Part B: Advanced Biosimilars First
	Balanced (BF)		Aetna Health Exchange (AHE)				Medical Benefit: Managed Medicaid		
	Value (VF)		IVL						

Reference #
3431-D

EXCEPTIONS CRITERIA

MULTIPLE SCLEROSIS PRODUCTS

PREFERRED PRODUCTS: OCREVUS AND TYSABRI

POLICY

This policy informs prescribers of preferred products and provides an exception process for non-preferred products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the multiple sclerosis products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Multiple sclerosis (MS) products

	Products
Preferred*	• **Ocrevus** (ocrelizumab) • **Tysabri** (natalizumab)
Targeted	• **Briumvi** (ublituximab-xiiy) • **Lemtrada** (alemtuzumab)

*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for the targeted product is provided when any of the following criteria is met:

A. Member has received treatment with the targeted product in the past 365 days.
B. Member has a documented inadequate response, intolerable adverse event, or contraindication to therapy with both of the preferred products or any of their components.

REFERENCES

1. Briumvi [package insert]. Morrisville, NC: TG Therapeutics, Inc; December 2022.
2. Lemtrada [package insert]. Cambridge, MA: Genzyme Corporation; January 2023.
3. Ocrevus [package insert]. South San Francisco, CA: Genentech, Inc; August 2022.
4. Tysabri [package insert]. Cambridge, MA: Biogen Inc; December 2021.