This policy applies to the following:

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

Reference #
4244-D

EXCEPTIONS CRITERIA
MULTIPLE SCLEROSIS PRODUCTS

PREFERRED PRODUCTS: OCREVUS, TYSABRI

POLICY
This policy informs prescribers of preferred products and provides an exception process for targeted 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 product 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 Lemtrada 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	• **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 either of the following criteria is met:

A. Member is currently receiving treatment with the targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
B. Member has a documented inadequate response, intolerable adverse event, or contraindication with both of the preferred products (including any of their components).

REFERENCES

1. Lemtrada [package insert]. Cambridge, MA: Genzyme Corporation; August 2021.
2. Ocrevus [package insert]. South San Francisco, CA: Genentech, Inc.; March 2021.
3. Tysabri [package insert]. Cambridge, MA: Biogen Inc; June 2020.