

This policy applies to the following:

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

Reference #
4244-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 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 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
<b>Preferred*</b>	<ul style="list-style-type: none"> <li>• <b>Ocrevus</b> (ocrelizumab)</li> <li>• <b>Tysabri</b> (natalizumab)</li> </ul>
<b>Targeted</b>	<ul style="list-style-type: none"> <li>• <b>Briumvi</b> (ublituximab-xiyy)</li> <li>• <b>Lemtrada</b> (alemtuzumab)</li> </ul>

\*: 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.

##### A. Briumvi

Coverage for Briumvi is provided when either of the following criteria is met:

1. Member is currently receiving treatment with Briumvi, excluding when Briumvi is obtained as samples or via manufacturer’s patient assistance programs.
2. Member meets both of the following:
  - a. Member has a documented intolerable adverse event to Ocrevus.

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	Preferred Drug Plan Design (PDPD)	Aetna Health Exchange (AHE)	VF Chart (VFC)	✓	Medical Benefit: Managed Medicaid	Medicare Part B: Advanced Biosimilars First	
	Advanced Control Specialty (ACSF)	IVL	New to Market (NTM)		Medical Benefit: Add-on		
	Advanced Control Specialty – Choice (ACSCF)	Value (VF)					

- b. Member has a documented inadequate response, intolerable adverse event, or contraindication with Tysabri.

**B. Lemtrada**

Coverage for Lemtrada is provided when either of the following criteria is met:

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

**REFERENCES**

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