

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date Approved: 12/06/2023
Pharmacy Clinical Policy Document: Ocrevus and Tysabri Prior Authorization	Replaces Effective Policy Dated: 5/24/2023
Reference #: PC/O004	Page: 1 of 6

PURPOSE:

The intent of the Ocrevus and Tysabri Prior Authorization Pharmacy Clinical Policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost – effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I – III

Table 1: Ocrevus (ocrelizumab) and Tysabri (natalizumab)

Biologic	Molecule	Is this a Biosimilar?	Reference Product	MS Type	Route of Administration	Drug Class	PML Warning
Ocrevus	ocrelizumab	N	N/A	relapsing or primary progressive	intravenous infusion	CD20 antibody	N
Tysabri	natalizumab	N	N/A	relapsing	intravenous infusion	integrin receptor antagonist	Y
Tyruko	natalizumab-szin	Y	Tysabri	relapsing	intravenous infusion	integrin receptor antagonist	Y

- I. Initial request for Ocrevus (ocrelizumab) or Tysabri (natalizumab) for multiple sclerosis – must satisfy the following: A or B
 - A. Must satisfy the following: 1, and one of 2 – 4
 1. Prescribed by or in consultation with a neurologist; and
 2. The member is currently receiving the requested medication; or
 3. The member has not responded to (at least a 2 – month trial) one self- administered disease modifying medications (see Table 2); or
 4. The member has risk factors indicating highly active or aggressive disease – must satisfy two or more of the following: a – d
 - a. Expanded Disability Status Scale (EDSS) ratings – must satisfy any of the following: 1) or 2)
 - 1) EDSS of 4 points within 5 years of onset of MS; or
 - 2) EDSS of 6 points by age 40
 - b. MRI findings – must satisfy any of the following 1) – 6)
 - 1) T1 hypointense lesion(s) (black hole); or

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date Approved: 12/06/2023
Pharmacy Clinical Policy Document: Ocrevus and Tysabri Prior Authorization	Replaces Effective Policy Dated: 5/24/2023
Reference #: PC/O004	Page: 2 of 6

- 2) Spinal cord lesion(s); or
 - 3) Greater than 10 T2 lesions on baseline MRI; or
 - 4) Equal to or greater than 2 or more enlarging T1 lesions over 1 year; or
 - 5) Equal to or greater than 2 or more contrast (gadolinium) enhancing lesions; or
 - 6) Any contrast enhancing (gadolinium) lesions despite treatment
 - c. Clinical characteristics – must satisfy any of the following: 1) – 3)
 - 1) Multifocal onset; or
 - 2) Pyramidal or sphincter symptoms; or
 - 3) Greater than one relapse in the previous 2 years
 - d. Conversion to secondary progressive MS (SPMS).
- B. Initial request for Ocrevus for primary progressive multiple sclerosis – must be prescribe by or in consultation with a neurologist.
- II. Initial request for Tysabri for Crohn's disease- must satisfy all of the following: A – C
- A. Diagnosis of moderate to severe active Crohn's disease with evidence of inflammation who have had an inadequate response to, or are unable to tolerate, conventional Crohn's disease therapies and inhibitors of tumor necrosis factor – alpha (TNF – alpha) in members who are equal to or greater than 18 years of age; and
 - B. Prescribed by or in consultation with a gastroenterologist; and
 - C. The member has not responded to, is intolerant to, or responds to but cannot taper off without recurrent symptoms or is a poor candidate for Entyvio and one *infliximab* product.
- III. Continuation request – Allow up to an additional 12 months

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date Approved: 12/06/2023
Pharmacy Clinical Policy Document: Ocrevus and Tysabri Prior Authorization	Replaces Effective Policy Dated: 5/24/2023
Reference #: PC/O004	Page: 3 of 6

Table 2: Self – Administered Disease Modifying Medications for Multiple Sclerosis*

Drug	Generic/Molecule Name	Is this a Biosimilar?	Generics Available	MS Type	Route of Administration	Drug Class	PML Warning
Aubagio	teriflunomide	N	N	relapsing	oral	Selective immuno-suppressant	N
Avonex	interferon beta-1a	N	N	relapsing	intramuscular or subcutaneous injection	interferon	N
Bafiertam	monomethyl fumarate	N	N	relapsing and secondary progressive	oral	selective immuno-suppressant	Y
Betaseron	interferon beta – 1b	N	N	relapsing	subcutaneous injection	interferon	N
Copaxone	glatiramer acetate	N	Y	relapsing	subcutaneous injection	other immuno-stimulant	N
Extavia	interferon beta – 1b	N	N	relapsing	subcutaneous injection	interferon	N
Gilenya	fingolimod	N	Y	relapsing	oral	selective immuno-suppressant	Y
Glatopa	glatiramer acetate	N	Y	relapsing	subcutaneous injection	other immuno-stimulant	N
Kesimpta	ofatumumab	N	N	relapsing	subcutaneous injection	Anti-CD20 monoclonal antibody	N
Mavenclad	cladribine	N	N	relapsing and secondary progressive	oral	immune-modulator	N
Mayzent	siponimod	N	N	relapsing and secondary progressive	oral	immune-modulator	N
Plegridy	peginterferon beta- 1a	N	N	relapsing	subcutaneous injection	interferon	N
Ponvory	ponesimod	N	N	relapsing and secondary progressive	oral	immune-modulator	N

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date Approved: 12/06/2023
Pharmacy Clinical Policy Document: Ocrevus and Tysabri Prior Authorization	Replaces Effective Policy Dated: 5/24/2023
Reference #: PC/O004	Page: 4 of 6

Rebif	interferon beta-1a	N	N	relapsing	intramuscular or subcutaneous injection	interferon	N
-------	--------------------	---	---	-----------	---	------------	---

Table 2: Self- Administered Disease Modifying Medications for Multiple Sclerosis* (continued)

Drug	Generic/Molecule Name	Is this a Biosimilar?	Generics available	MS Type	Route of Administration	Drug Class	PML Warning
Tecfidera	dimethyl fumarate	N	Y	relapsing	oral	selective immuno-suppressant	Y
Vumerity	diroximel fumarate	N	N	relapsing and secondary progressive	oral	selective immuno-suppressant	Y
Zeposia	ozanimod	N	N	relapsing and secondary progressive	oral	immune-modulator	N

* Listing of drugs in table above does not ensure coverage. Please check member's prescription benefit.

DEFINITIONS:

Biologic (BLA):

Biologic agents are derived from natural sources (human, animal, microorganisms); these are large complex proteins applicable to the prevention, treatment, or cure of a disease or condition of human beings. Given the complexity of the drug and the difficulty to characterize a biologic, the manufacturing process is proprietary. Licensed by the Public Health Services Act (PHS) (section 351), the 351(a) pathway is utilized for the approval of biologics. Examples of biologics include: vaccine, blood products, antitoxin, allergy shots and cellular therapies.

Infliximab:

Reference product or biosimilar

Multiple Sclerosis (MS) Disease Courses

- Relapsing-remitting MS – Most common form; episodes of acute worsening of neurologic function occur with some amount of recovery and no progression in between.
- Secondary progressive MS – Involves an initial relapsing-remitting course; disease transitions to a steadily progressive form with function loss.
- Primary progressive MS – Involves continued worsening of MS course from onset without specific relapses.
- Progressive relapsing MS – Occurs as a progressive disease at onset; occasional acute relapses occur but with continuing disease progression.

Progressive Multifocal Leukoencephalopathy (PML):

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date Approved: 12/06/2023
Pharmacy Clinical Policy Document: Ocrevus and Tysabri Prior Authorization	Replaces Effective Policy Dated: 5/24/2023
Reference #: PC/O004	Page: 5 of 6

A neurological disorder characterized by destruction of cells that produce the myelin, an oily substance that helps protect nerve cells in the brain and spinal cord, also known as central nervous system (CNS) white matter. It can be caused by the John Cunningham virus (JCV) in immunocompromised individuals.

BACKGROUND:

This clinical policy is based on U.S. Food and Drug Administration (FDA) approved indications and dosing, expert consensus opinion and/or available reliable evidence.

Prior Authorization: Yes, per network provider agreement - up to 12 months. This is subject to the member's contract benefits.

CODING:

HCPCS - 2023

J2323 Injection, natalizumab, 1mg (Tysabri)

J2350 Injection, ocrelizumab, 1mg (Ocrevus)

REFERENCES:

1. American Academy of Neurology. Practice guideline recommendations summary: Disease-modifying therapies for adults with Multiple Sclerosis. April 2018. Retrieved from <https://www.aan.com/Guidelines/home/GuidelineDetail/898> Accessed 10-14-23.
2. Diaz C, Zarco LA, Rivera DM. Highly Active multiple Sclerosis: An update. *Multiple Sclerosis and Related Disorders*. Volume 30 (2019) 215–224.
3. Ocrevus [package insert]. South San Francisco, CA; Genentech, Inc; 2023.
4. Olek MJ, Mowry E. Disease-modifying therapies for multiple sclerosis: Pharmacology, administration, and adverse effects (Topic 129091 Version 32.0; last updated:3/15/2023) In: Dashe JF, ed. *UpToDate*. Waltham. Mass.: UpToDate; 2022. www.uptodate.com Accessed 10-14-23.
5. Tysabri [package insert] Cambridge, MA; Biogen Idec, Inc; 2023.
6. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
7. Clinical Policy: MP/C009 Coverage Determination Guidelines
8. Pharmacy Clinical Policy: PP/O001 Off-label Drug Use
9. Pharmacy Clinical Policy: PP/O002 Off-label Drug Use for Business Process Outsourced Clients
10. Pharmacy Clinical Policy: PP/T002 Therapeutic Equivalence

DOCUMENT HISTORY:

PreferredOne®

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date Approved: 12/06/2023
Pharmacy Clinical Policy Document: Ocrevus and Tysabri Prior Authorization	Replaces Effective Policy Dated: 5/24/2023
Reference #: PC/O004	Page: 6 of 6

Created Date: 4/16/21
Reviewed Date: 4/7/2022, 2/27/2023, 10/14/2023
Revised Date:

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan ("PCHP") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ ຈະມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອຕໍ່ພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သျှာ်ဟ်သး- နမံကတိ၊ ကညိ ကျိာ်အယံ၊ နမံကျိာ်အတိမၤစၢၤလၢ တလၢာ်ဘျၣ်လၢာ်စၢၤ နီတမံဘျၣ်သန့လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចុះ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).