Tysabri (natalizumab)  
Lemtrada (alemtuzumab)  
Effective 01/01/21

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<td>Specialty Limitations</td>
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<td>Contact Information</td>
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<td>Specialty Medications</td>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
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<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
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<td></td>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<td></td>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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<td>Medical Specialty Medications (NLX)</td>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
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<td>Exceptions</td>
<td>Lemtrada is only available under Medical Benefit ONLY</td>
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**Overview**

Tysabri and Lemtrada are monoclonal antibody disease-modifying drugs. Tysabri is indicated for relapsing forms of multiple sclerosis (MS), including clinically isolated syndrome (CIS), relapsing-remitting (RRMS) and active secondary progressive (SPMS) in adults. Lemtrada is indicated for RRMS and SPMS in adults.

**Coverage Guidelines**

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Tysabri or Lemtrada excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**

Authorization may be granted for members for Tysabri or Lemtrada when the following criteria are met, and documentation is provided:

1. The member is diagnosed with a relapsing form of MS, including RRMS, CIS or active SPMS
2. The member is ≥ 18 years of age
3. For Lemtrada, the member has an inadequate response, adverse reaction or contraindication to Tysabri AND Ocrevus.

**Continuation of Therapy**

Reauthorization requires physician documentation of improvement of member’s condition.

**Limitations**

1. For Tysabri, approvals for will be authorized for 12 months
2. For Lemtrada, approval of 2 treatment courses in 24 months will be authorized. The first course is administered as 12mg/day on 5 consecutive days. The second course, given 12 months after the first course, is administered as 12mg/day on 3 consecutive days. Requests for subsequent treatments of 12mg/day for 3 consecutive days at least 12 months after the last treatment course, will require submission of medical necessity by the prescriber.

References

Review History
11/18/2020- Updated- combined Tysabri and Lemtrada into one document, changed Tysabri to preferred product, Reviewed by P+T. Effective 01/01/21

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.