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

Plan	☐ MassHealth ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	Lemtrada is only available under Medical Benefit ONLY		

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

1. Lemtrada (alemtuzumab) [prescribing information]. Cambridge, MA: Genzyme Corporation; May 2020.
2. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology [published correction appears in *Neurology*. 2019;92(2):112]. *Neurology*. 2018;90(17):777-788. 10.1212/WNL.0000000000005347
3. Tysabri (natalizumab) [prescribing information]. Cambridge, MA: Biogen Inc; June 2020.
4. Clerico M, Artusi CA, Liberto AD, et al. Natalizumab in multiple sclerosis: long-term management. *Int J Mol Sci*. 2017;18(5). pii: E940 10.3390/ijms18050940

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

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