

SPECIALTY GUIDELINE MANAGEMENT

TYSABRI (natalizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

1. Tysabri is indicated for inducing and maintaining clinical response and remission in adult patients with moderately to severely active Crohn's disease with evidence of inflammation who have had an inadequate response to, or are unable to tolerate, conventional CD therapies and inhibitors of TNF- α .
2. Tysabri is indicated as monotherapy for the treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Moderately to severely active Crohn's disease (CD)

Authorization of 12 months may be granted to members who have received any other biologic indicated for the treatment of moderately to severely active Crohn's disease.

B. Relapsing forms of multiple sclerosis (MS)

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing forms of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse) and those who have been tested for anti-JCV antibodies.

C. Clinically isolated syndrome (CIS)

Authorization of 12 months may be granted to members for the treatment of clinically isolated syndrome and those who have been tested for anti-JCV antibodies.

III. CONTINUATION OF THERAPY

A. Crohn's disease (CD)

Authorization of 12 months may be granted for all members (including new members) who achieve or maintain a positive clinical response with Tysabri as evidenced by low disease activity or improvement in signs and symptoms of the condition.

B. Relapsing forms of multiple sclerosis (MS) or clinically isolated syndrome (CIS)

Authorization of 12 months may be granted for all members (including new members) who achieve or maintain a positive clinical response with Tysabri as evidenced by experiencing disease stability or improvement.

Reference number(s)
1846-A

IV. OTHER

For all indications: Members cannot use Tysabri concomitantly with any other MS agent (except Ampyra), immunosuppressants, or TNF inhibitors (e.g., adalimumab, infliximab).

V. REFERENCES

1. Tysabri [package insert]. Cambridge, MA: Biogen Idec, Inc; August 2019.
2. Talley NJ, Abreu MT, Achkar J, et al. An evidence-based systematic review on medical therapies for inflammatory bowel disease. *Am J Gastroenterol*. 2011;106(Suppl 1):S2-S25.
3. Lichtenstein GR, Loftus Jr EV, Isaacs KI, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol*. 2018;113:481-517.