MVP Health Care Medical Policy

Medicare Part B: Multiple Sclerosis Agents

Type of Policy:	**Drug and Medical Therapy**
Prior Approval Date:	**11/01/2023**
Approval Date:	**11/01/2024**
Effective Date:	**01/01/2025**
Related Policies:	N/A

Refer to the MVP Medicare website for the Medicare Part D Formulary and Part D policies for drugs that may be covered under the Part D benefit.

Please refer to relevant CMS LCDs/NCDs/Policy Articles for most up to date Medicare Part B guidance if available

Codes Requiring Prior Authorization (covered under the medical benefit)

J0202 Lemtrada (alemtuzmab injection, 1mg)

J2323 Tysabri (natalizumab injection, 1 mg)

J2329 Briumvi (ublituximab, 150mg/6mL solution for infusion)

Codes Not Requiring Prior Authorization (covered under the medical benefit)

J2350 Ocrevus (ocrelizumab injection, 1mg)

Overview

Multiple sclerosis (MS) is a chronic central nervous system disease that is an autoimmune disease. The body's own defense system attacks the myelin sheath which protects the nerve fibers in the central nervous system (CNS). Damage to the myelin sheath and nerve fibers may cause disruption to nerve impulses between the brain and spinal cord which can cause a variety of symptoms. The severity of symptoms and progression of disease is variable between individuals. FDA-approved drugs approved for multiple sclerosis included in this policy are indicated for functional improvement or disease modification.

FDA Approved Indications for MS:

Briumvi:

- Briumvi is a CD20-directed cytolytic antibody indicated for the treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

Lemtrada:

- is a CD52-directed cytolytic monoclonal antibody indicated for the treatment of patients with relapsing forms of multiple sclerosis. Because of its safety profile, the use of Lemtrada should generally be reserved for patients who have had an inadequate response to two or more drugs indicated for the treatment of MS.

Ocrevus:

- Is a CD20-directed cytolytic antibody indicated for the treatment of patient with relapsing or primary progressive forms of MS.

Tysabri:

- As monotherapy for the treatment of patients with relapsing forms of multiple sclerosis to delay the accumulation of physical disability and reduce the frequency of clinical exacerbations. TYSABRI is generally recommended for patients who have had an inadequate response to, or are unable to tolerate, an alternate MS therapy.

-

Indications/Criteria

Agents for Disease Modification

Treatment will be considered for coverage for the treatment of the FDA approved indications for multiple sclerosis:

Preferred Agents:

Ocrevus (ocrelizumab)

Refer to the Medicare Part D formulary for drugs that may be covered under the Part D benefit.

Non-Preferred Agents (prior authorization required):
Tysabri (natalizumab), Lemtrada (alemtuzumab), Briumvi (ublituximab),

Non-Preferred Agents will be considered for coverage for the treatment of FDA approved indications for multiple sclerosis when all of the following are met:

- Prescribed by a neurologist.
- Greater than or equal to 18 years old.
- Monitoring and REMS requirements per the prescribing information are met.
- Neurology chart notes for the past 2 years, including all radiologic reports substantiate MS diagnosis consistent with prescribing information and detail previous treatment, if any.
- Documented failure or significant adverse effects to all preferred agents
    - Documented failure defined as:
        - At least 2 relapses within the past 12 months, AND
        - MRI identifying lesion progression.
- **Tysabri** (natalizumab) coverage will be limited to monotherapy for those patients meeting all the above criteria and have had an inadequate response to, or are unable to tolerate, both preferred and non-preferred MS therapies described above AND
    1. A baseline MRI scan must be obtained prior to natalizumab
    2. Members must be evaluated at 3 and 6 months after the first infusion and every 6 months thereafter.
    3. Alternative treatment criteria for members currently with high disease activity, as defined by a high number of relapses while on treatment and the progression of gadolinium-positive lesions on MRI, will be reviewed on a case-by-case basis
- **Lemtrada** (alemtuzumab)-Must have inadequate response to all preferred MS therapies AND not have Human Immunodeficiency Virus (HIV)
- **Briumvi** (ublituximab) coverage will be considered for those patients meeting all the above criteria for non-preferred agents and have had an inadequate response to, or are unable to tolerate ALL preferred MS therapies described above AND
    - Hepatitis B virus screening and quantitative serum immunoglobulin screening required prior to first dose

  - Patient must be assessed for active infection prior to every infusion; if patient has active infection, infusion must be delayed until infection is resolved.
  - Pregnancy test results prior to each infusion for females of reproductive potential
  - Patient must not have received live vaccines within 4 weeks and non-live vaccines within 2 weeks of treatment with Briumvi.

Initial approval for up to 6 months for self-administered agents and up to 3 infusions in 3 months for Tysabri.

- For continuation of therapy for up to 6 months:
  - Continued benefit – decrease in number of relapses.
- Lemtrada (alemtuzumab)
  - Initial approval will be for 12mg/day on 5 consecutive days.
  - Second approval will be 12 months after initial approval for 12mg/day on three consecutive days if documentation identifies benefit from initial treatment and no adverse reactions
- Briumvi
  - Initial approval for Briumvi will be 2 infusions within one month (150mg initially, followed by 450mg infusion 2 weeks later)
  - Continuation of therapy will be 1 infusion every 24 weeks for subsequent infusions if documentation identifies benefit from initial treatment and no adverse reactions

---

Exclusions

Lemtrada

- Use beyond two years

Briumvi

- Active hepatitis B virus infection
- History of life-threatening infusion reaction to Briumvi

Agents for Disease Modification exclusions:

- Combination use of disease modifying agents
- Doses exceeding prescribing information
- Members who have in the last 6 months experienced or may be expected to experience medical contraindications or are on concomitant therapy with an

agent known to have a significant potential for adverse outcome when used in combination with the requested agent as noted in the prescribing literature.

References

1. Kurtzke, J. F. Rating neurologic impairment in multiple sclerosis: An expanded disability status scale. Neurology.1983; 33: 1444-1452.
2. PubMed Health U.S. National Library of Medicine. Multiple Sclerosis. Available from http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001747/.
3. Goodin, DS, Frohman, EM, Garmany, GP, Jr., et al. Disease modifying therapies in multiple sclerosis: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. Neurology. 2002 Jan 22;58(2):169-78.
4. D.S. Goodin, MD; E.M. Frohman, MD, et. al. Disease modifying therapies in multiple sclerosis, *Neurology,* Jan 2002, 169-178.
5. Dinsmore W, Jordan J, O'Mahony C, Harris JR, McMillan A, Radcliffe KW, Engrand P, Jackson BW, Galazka AR, Abdul-Ahad AK, Illingworth JM. Recombinant human interferon-beta in the treatment of condylomata acuminata. Int J STD AIDS. 1997 Oct;8(10):622-8
6. Bornstein J, Pascal B, Zarfati D, Goldshmid N, Abramovici H. Recombinant human interferon-beta for condylomata acuminata: a randomized, double-blind, placebo-controlled study of intralesional therapy. Int J STD AIDS. 1997 Oct;8(10):614-21
7. Monsonego J, Cessot G, Ince SE, Galazka AR, Abdul-Ahad AK. Randomised double-blind trial of recombinant interferon-beta for condyloma acuminatum. Genitourin Med. 1996 Apr;72(2):111-4
8. Tysabri® (natalizumab) for injection. Prescribing Information. Cambridge, MA: Biogen Idec Inc. June 2020.
9. ECRI Health Technology Assessment Information Service. Natalizumab (Tysabri) for the Treatment of Multiple Sclerosis available at: http://www.ta.ecri. 2006.
10. Goodin DS, Frohman EM, Garmany GP, et al. Disease modifying therapies in multiple sclerosis. Neurology 2002;58:169-78.

11. Hayes Search and Summary. Tysabri (natalizumab) for Treatment of Multiple Sclerosis. March 21, 2007.
12. National Multiple Sclerosis Society Website available at: http://www.nationalmssociety.org
13. Polman CH, O'Connor PW, Havrdova E, et al. A Randomized, Placebo-Controlled Trial of Natalizumab for Relapsing Multiple Sclerosis. N Engl J Med. 2006; 354:899-910.
14. FDA Website. Available at: http://www.fda.gov/bbs/topics/NEWS/2006/NEW01380.html. Accessed on 6/6/2006.
15. Yousry TA, Habil M, Major EO, et al. Evaluation of Patients Treated with Natalizumab for Progressive Multifocal Leukoencephalopathy. N Engl J Med. 2006; 354: 924-933.
16. Goodin DS, Cohen BA, O'Connor P, et al. Assessment: The use of natalizumab (Tysabri) for the treatment of multiple sclerosis (an evidence-based review) : Report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. *Neurology* 2008;71;766
17. Ocrevus™ (ocrelizumab) injection. Prescribing Information. South San Francisco, CA. May 2017
18. Briumvi (ublituximab). Prescribing Information. Morrisville, NC. TG Therapeutics. Revised: December 2022