MVP Health Care Medical Policy

Medicare Part B: Multiple Sclerosis Agents

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

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:

Ampyra:

- A potassium channel blocker indicated to improve walking in patients with multiple sclerosis (MS).

Aubagio:

- Is a pyrimidine synthesis inhibitor indicated for the treatment of patients with relapsing forms of multiple sclerosis.

Avonex:

- Indicated in relapsing forms of MS to slow the accumulation of physical disability and decrease the frequency of clinical exacerbations. Patients with multiple sclerosis in whom efficacy has been demonstrated include patients who have experienced a first clinical episode and have MRI features consistent with multiple sclerosis. Efficacy in chronic progressive MS has not been established. Indicated for adult and pediatric patients. (*Intramuscular)*

Bafiertam

- Indicated for the treatment of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease and active secondary progressive disease.

Betaseron:

- Is indicated for the treatment of relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations. Patients with multiple sclerosis in whom efficacy has been demonstrated include patients who have experienced a first clinical episode and have MRI features consistent with multiple sclerosis.

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.

Copaxone:

- Reduction of the frequency of relapses in patients with Relapsing-Remitting Multiple Sclerosis (RRMS), including patients who have experienced a first clinical episode and have MRI features consistent with multiple sclerosis. *(Subcutaneous)*

Extavia:

- Extavia is an interferon beta indicated for the treatment of relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations, Patients with multiple sclerosis in whom efficacy has been demonstrated include patients who have experienced a first clinical episode and have MRI features consistent with multiple sclerosis.

Gilenya:

- is a sphingosine 1-phosphate receptor modulator indicated for the treatment of patients with relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability.

Kesimpta

- Kesimpta is a human monoclonal antibody that binds specifically to the CD20 molecule expressed on normal B lymphocytes. Kesimpta is approved for the treatment of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease.

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.

Mavenclad

- is a synthetic purine nucleoside antimetabolite indicated for the treatment of relapsing forms of multiple sclerosis, including relapsing remitting disease and active secondary progressive disease. It is not indicated for patients with clinically isolated syndrome.

Mayzent

- is an oral sphingosine 1-phosphate receptor modulator indicated for relapsing forms of multiple sclerosis (including clinical isolated syndrome, relapsing-remitting disease and active secondary progressive disease. Due to heart rate decrease or atrioventricular conduction delays, a baseline electrocardiogram is recommended prior to the start of treatment and first dose monitoring is recommended for patients with preexisting cardiac conditions. Patients also must be tested for CYP2C9 variants to determine their CYP2C9 genotype prior to the start of therapy.

Ocrevus:

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

Plegridy:

- is an interferon beta indicated for the treatment of patients with relapsing forms of multiple sclerosis

Ponvory:

- is a oral sphingosine 1-phosphate receptor modulator indicated for the treatment of relapsing forms of multiple sclerosis in adults, to include clinically isolated syndrome, relapsing-remitting disease and active secondary progressive disease.

Rebif:

- For the treatment of relapsing forms of Multiple Sclerosis to decrease the frequency of clinical exacerbations and delay the accumulation of physical disability. Efficacy in chronic progressive MS has not been established.
  The results of multicenter, randomized trials demonstrate that initiation of an interferon (IFN)-b1-a delays the development of clinically defined MS (CDMS) in patients at high risk for this outcome. These studies do not, however, provide evidence that the ultimate development of CDMS is prevented by such treatment nor that early treatment affects long term disability outcome.

Tecfidera:

- is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

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.

Vumerity

- Vumerity is an oral fumarate (like dimethyl fumarate) and it is indicated for the treatment of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease.

Zeposia

- Is and oral sphingosine 1-phosphate receptor modulator which is indicated for the treatment of relapsing forms of multiple sclerosis in adults, including clinically isolated syndrome, relapsing- remitting disease and active secondary progressive disease.

Zinbryta:

- Is an interleukin-2 receptor blocking antibody indicated for the treatment of relapsing forms of MS in patients that have had inadequate response to two or more drugs indicated for the treatment of MS.

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. Patients 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

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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
- Patients 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.

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