BlueCross BlueShield of Kansas City

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Tysabri®

Policy Number: 5.02.504
Origination: 03/2005
Last Review: 03/2014
Next Review: 03/2015

Policy

BCBSKC will provide coverage for Tysabri when it is determined to be medically necessary because the following criteria have been met.

When Policy Topic is covered

Multiple Sclerosis

I. Tysabri® therapy may be considered medically necessary for patients meeting all of the following criteria (A, B, and C):
   A. A definitive diagnosis of a relapsing form of MS that has been established by a neurologist.
   B. Tysabri® must be prescribed by, or in consultation with, a neurologist.
   C. When an interferon beta product (Avonex®, Rebif®, or Betaseron®) OR Copaxone® has been documented in clinical notes to be ineffective or not tolerated. Ineffectiveness is defined as meeting two of the following three criteria during treatment with one of these agents.
      1. The patient continues to have clinical relapses.
      2. The patient continues to have CNS lesion progression as measured by MRI.
      3. The patient continues to have worsening disability. Examples of worsening disability include but are not limited to decreased mobility or decreased ability to perform activities of daily living due to disease progression.

II. Authorization period and limitations for patients with MS:
   A. Initial Therapy: A maximum of 3 infusions (300 mg each) in a 3 month period may be authorized when the above criteria are met.
   B. Continued Therapy: A maximum of 12 infusions (300 mg each) in a 12 month period may be authorized. Authorization must be requested at least annually to check for policy changes or changes in coverage that would affect continued authorization.

III. Tysabri® in combination with any of the following MS disease modifying treatment medications is not FDA approved and is not covered:
   A. Interferon beta products (Avonex®, Rebif®, or Betaseron®)
   B. Copaxone®

IV. Tysabri® is considered investigational for the treatment of conditions other than relapsing forms of MS, including, but not limited to:
   A. Non-relapsing forms of MS
   B. Rheumatoid arthritis

Crohn's Disease

I. Tysabri® therapy may be considered medically necessary 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 Crohn's disease therapies and anti-TNF inhibitors.

II. In Crohn's disease, Tysabri® should not be used in combination immunosuppressants or anti-TNF inhibitors.

When Policy Topic is not covered

Tysabri® is considered not medically necessary if the criteria above are not met.

Considerations

Tysabri requires prior authorization through the Clinical Pharmacy Department. The prescriber must obtain Tysabri® from one of the following network specialty pharmacies: Curascript or Medmark.

This Blue Cross and Blue Shield of Kansas City policy Statement was developed using available resources such as, but not limited to: Hayes Medical Technology Directory, Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, Local medical policies of other health plans, Medicare (CMS), Local providers.

Description of Procedure or Service

Tysabri® (Natalizumab) is a disease modifying multiple sclerosis and Crohn's diesease treatment. It is a recombinant humanized IgG4κ monoclonal antibody produced in murine myeloma cells. Tysabri® is believed to reduce the frequency of clinical exacerbations in patients with relapsing forms of multiple sclerosis by blocking leukocyte (lymphocyte, monocyte, basophil, and eosinophil) migration across the blood brain barrier, reducing formation of lesions. In patients with Crohn's disease, Tysabri blocks the same leukocytes from leaving the bloodstream to enter the gastrointestinal tract where they would otherwise cause inflammation.

Rationale

Tysabri received accelerated approval in November 2004 for reducing the frequency of exacerbations in patients with remitting-relapsing MS, the most common form of this disease, after one year of treatment. Tysabri when added to Avonex reduced the risk of exacerbations by 54% compared to Avonex alone. Tysabri by itself reduced the risk by 66% compared to placebo. These results represented an important and meaningful benefit for patients with MS.

At the time of approval, approximately 1,100 patients with MS had received Tysabri for one year or more. Confirmatory studies were required to be carried out to show continued benefit of the drug after two years of treatment. Two cases of progressive multifocal leukoencephalopathy (PML) reported here occurred in patients in the confirmatory studies. No cases of PML were observed during the clinical trials performed prior to approval of Tysabri.

Biogen Idec and Elan withdrew Tysabri from the market in February 2005 following reports of two cases of PML. Shortly after this announcement, a third case was identified.

PML is a rare, serious, progressive neurologic disease, usually occurring in immunosuppressed patients, often resulting in irreversible neurologic deterioration and death. There is no known effective treatment for PML, although reversing immune system suppression may slow or arrest progression of the disease.

In July, 2006, Tysabri was re-released as monotherapy for patients with relapsing forms of MS. Labeling changes were made describing the risk of PML and adding a boxed warning. Due to this risk, Tysabri is approved only under a restricted distribution program, called the TOUCH Prescribing Program.

On January 14, 2008, the FDA approved Tysabri for refractory moderate-to-severe Crohn's disease showing evidence of inflammation. Like MS patients, those with Crohn's disease as well as prescribing physicians, pharmacies, and infusion centers are required to participate in the TOUCH program.

The FDA's approval was based primarily on two clinical studies, ENCORE and ENACT-2. ENCORE showed 12 weeks of natalizumab led to responses in 60% of patients, compared with 44% of placebo-treated patients. Forty-eight percent of natalizumab patients sustained responses through week 12, compared with 32% of placebo-treated patients (P<0.005 for both).

ENACT-2 showed that an additional year of natalizumab led to sustained response and remission among patients with an initial response to the drug after three months. There were sustained responses during ENACT-2 for 61% of patients treated with natalizumab at every visit through an additional six months of therapy, compared with 29% for placebo.

References:
http://www.fda.gov/cder/drug/advisory/natalizumab.htm
http://www.tysabri.com/hcp.pdf

Billing Coding/Physician Documentation Information

J2323 Injection, natalizumab, 1mg

Additional Policy Key Words

5.02.504

Related Topics

N/A

Policy Implementation/Update Information

03/2005	New policy titled Tysabri®
03/2006	Reviewed – no changes made
03/2007	Reviewed – updated rationale and references
03/2008	Reviewed – updated policy to include criteria for Crohn's Disease
03/2009	Reviewed – no changes made
03/2010	Reviewed – no changes made
03/2011	Reviewed – no changes made
03/2012	Reviewed – no changes made
03/2013	Reviewed – no changes made
03/2014	Reviewed – no changes made