Medical Coverage Policies

Natalizumab (Tysabri®) for Multiple Sclerosis and Crohn's Disease

| EFFECTIVE DATE | 07/01/2006 | | LAST UPDATED | 04/15/2008 |
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Description:

Natalizumab (Tysabri®) is a genetically engineered monoclonal antibody that is indicated for use in the treatment of relapsing forms for multiple sclerosis (MS) to reduce the frequency of exacerbations. Natalizumab binds to white blood cells and inhibits their migration to the brain and spinal cord, thereby blocking damage to the brain/spinal cord in multiple sclerosis (MS) patients. Natalizumab is FDA approved for use in patients who have relapsing forms of MS. The safety and efficacy of Natalizumab in patients with chronic progressive MS has not been established.

Natalizumab is also FDA approved for treatment of moderate-to-severe Crohn's (inflammatory bowel) disease with evidence of inflammation that have had inadequate response to, or are unable to tolerate, conventional Crohn's disease therapies.

Per manufacturer dosage and administration instructions, 300 mg/15 mL of natalizumab should be administered as an intravenous infusion every 28 days. The infusion administration time is approximately one hour and patients should be observed for one hour after completion of the infusion. The safety and efficacy of natalizumab at doses higher than 300 mg every 28 days has not been adequately evaluated.

Approximately 10% of patients receiving natalizumab will develop anti-natalizumab antibodies; 6% of patients will experience persistent antibody positivity. A sustained anti-natalizumab antibody level is associated with a substantial decrease in the effectiveness of natalizumab. Anti-natalizumab antibodies usually develop by week 12 of treatment. Currently, there is no commercially available test for these antibodies.

Tysabri carries a boxed warning for progressive multifocal leukoencephalopathy (PML), an opportunistic viral infection that affects the brain and can lead to death or severe disability when used in patients with recent or concomitant exposure to immuomodulators or immunosuppressant. Natalizumab must be prescribed by, or in consultation with, a neurologist. Safety and efficacy of treatment with natalizumab beyond two years is not known.

Prescribing, Distribution, and Administration Program for Tysabri®

Treatment options for individuals with relapsing multiple sclerosis or moderate-to-severe Crohn's disease carry serious risks therefore, Natalizumab is available through a special restricted distribution program called the TOUCH Prescribing Program. Under the CD-TOUCH Prescribing Program, only prescribers, infusion centers, and pharmacies associated with infusion centers registered with the program are able to prescribe, distribute, or infuse the product. In addition, natalizumab must be administered only to patients who are enrolled in and meet all the conditions of the CD-TOUCH Prescribing Program.

Medical Criteria:

Natalizumab is a covered infusion therapy drug for relapsing forms of multiple sclerosis and for moderate-to-severe Crohn's disease.

Policy:

Natalizumab is a covered infusion therapy drug only available through the CD-TOUCH prescribing program, for relapsing forms of multiple sclerosis and for moderate-to-severe Crohn's disease.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate benefit booklet, subscriber agreement, or RIte Care contract for the applicable infusion therapy benefits/coverage.

Specialty Pharmacy:

For contracts with specialty drug coverage, please refer to the member agreement for benefits and preauthorizations guidelines.

Coding:

Code with appropriate diagnostic, prophylactic, and therapeutic codes.

Also known as:

Tysabri®

Related topics:

None

Published

Policy Update January, 2005 Policy Update March, 2005 Provider Update, October 2008

References:

"About MS: What is Multiple Sclerosis?," National Multiple Sclerosis Society, http://www.nationalmssociety.org/WhatisMS.asp, accessed 01/07/05

Natalizumab (Tysabri®) Package Insert, © 2006, Biogen Idec, Inc.; <u>http://www.tysabri.com/TYSABRI-pi.pdf;</u> accessed 08/21/2006.

Tysabri® (Natalizumab) Fact Sheet, <u>http://www.elan.com/News/Tysabri_media_kit.asp;</u> accessed 01/07/05.

FDA Approval Letter, 11/23/04, <u>http://www.fda.gov/cder/foi/appletter/2004/125104_0000_ltr.pdf;</u> accessed 01/07/05.

Tysabri® (Natalizumab) Label Information, 05/22/06, http://www.fda.gov/cder/foi/label/2006/125104s015LBL.pdf; accessed 08/21/06

"About MS," National Multiple Sclerosis Society, <u>http://www.nationalmssociety.org/aboutms.asp;</u> accessed 01/07/05

Miller DH, Kahn OA, ScheremataWA, et al. "A controlled trail of natalizumab for relapsing multiple sclerosis." New England Journal of Medicine, volume 348:15-23, No. 1, Jan 2, 2003

Information on Cronh's Disease. *National Digestive Diseases Information Clearinghouse*.<u>http://www.digestive.niddk.nih.gov/ddiseases/pubs/crohns/index.htm#what</u>

TarganSR, et al. and the International Efficacy of Natalizumab in Crohn's Disease Response and Remission (ENCORE) Trial Group. Abstract: Natalizumab for the treatment of active Crohn's disease: results of the ENCORE Trial. *Gastroenterology.2007 May;132(5):1672-83*.Retrieved 1/18/2007 from http://www.ncbi.nlm.nih.gov/pubmed/17484865?dopt=Abstract

FDA News: FDA Approves Tysabri to Treat Moderate-to-Severe Crohn's Disease Drug currently approved for use in treating some forms of multiple sclerosis. Released January 14, 2008. Retrieved

1/18/2008 from http://www.fda.gov/bbs/topics/NEWS/2008/NEW01775.html

Ghosh, Subrata, M. D., et al.January 2, 2003. Natalizumab for Active Crohn's Disease.*New EnglandJournal of Medicine:Volume* 348:24-32 January 2, 2003 Number 1. Retrieved 1/18/2008 from http://content.nejm.org/cgi/content/full/348/1/24

Sandborn, W. J., M.D, et al. (2005) Natalizumab Induction and Maintenance Therapy for Crohn's Disease.*New EnglandJournal of Medicine*.*Volume* 353:1912-1925; November 3, 2005 Number 18. Retrieved 1/18/2008 from http://content.nejm.org/cgi/content/full/353/18/1912

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