University of Michigan Health Plan

DRUG DETERMINATION POLICY

Title: DDP-35 Multiple Sclerosis (MS) Agents

Effective Date: 4/23/25

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs that require prior approval.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Multiple Sclerosis agents are specialty drugs indicated for several specific subtypes and are associated with significant toxicity. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses and mitigation of toxicity, if possible.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

I. General considerations
   A. Appropriate medication use [must meet all listed below]:
      1. Diagnosis: meets standard diagnostic criteria that designate signs, symptoms, and test results to support specific diagnosis.
      2. Food and Drug Administration (FDA) approval status [must meet one listed below]:
         a. FDA approved: product, indication, and/or dosage regimen.
         b. Non-FDA approved use: Compendium support (Lexicomp®) for the use of a drug for a non-FDA-approved indication or dosage regimen.
      3. Place in therapy: sequence of therapy supported by national or internationally accepted guidelines and/or studies (e.g., oncologic, infectious conditions).
   B. Grandfather status: patients currently on excluded specialty agents may continue therapy.

C. Required site-of-care as determined by the Health Plan (see DDP-08 Site of Care for Administration of Parenteral Specialty Medications).

D. Dose Rounding: medication requests may be automatically rounded up or down by 10% of the requested dose in order to fit the nearest manufacturer's strength of the requested medication for patients weighing above 10 Kg (see DDP-21 Dose Rounding and Wastage).

E. Pharmaceutical sample use: The Plan does not recognize samples as a medication trial or for continuation of therapy.

II. Adjunctive Potassium Channel Blockers [must meet all listed below]:

A. Dalfampridine:

1. Age: at least 18 years.
2. Prescriber: neurologist.
3. Diagnosis and severity [must meet all listed below]:
    a. Multiple sclerosis with documented difficulty walking, resulting in significant limitations of activities of daily living.
    b. Walk speed [must meet both listed below]:
        i. Clinical notes documenting three measurements and average score.
        ii. Timed 25-foot walk speed (T25FW): baseline 25 feet in 8 to 45 seconds.
4. Other therapies: no prior treatment and failure with dalfampridine (non-responder).
5. Dosage regimen: 10 mg oral twice daily.
6. Approval.
    a. Initial approval: four months.
    b. Re-approval: six months [must meet all listed below]:
        i. Responder: shows benefit after the initial four-month trial period while on medication.
        ii. Timed 25-foot walk speed (T25FW): improved or maintained over 20 percent above baseline.
        iii. Significant limitations in activities of daily living: improved or resolved because of increased speed of ambulation as documented in clinical notes.
7. Exclusions:
    a. History of seizures.
    b. Moderate to severe renal impairment (creatinine clearance below 50ml/minute).

III. Oral Immunosuppressant agents [must meet all below]:

A. Mavenclad (cladribine)

1. Age: at least 18 years.
2. Prescriber: neurologist.
3. Disease and severity [must meet both listed below]:
    a. Relapsing form of multiple sclerosis: relapsing-remitting disease or active secondary progressive disease.
    b. Relapses: at least one relapse in the past year
4. Other therapies: Trials of two generic medications for the treatment of Multiple Sclerosis unless all are contraindicated. Trials must result in an inadequate response after four consecutive months of use per medication or a severe adverse reaction.

5. Dosage regimen:
    a. Total dose: 3.5mg per Kg oral over two years.
    b. Courses:
        i. Course one: 1.75mg per Kg over two cycles; each cycle lasting 4-5 days (max dose 20mg per day); second cycle 23 to 27 days after the last day of the first cycle.
        ii. Course two: 1.75mg per Kg over two cycles starting cycle one at least 43 weeks after the last day of course one; second cycle 23-27 days after the last day of the first cycle.
6. Approval:
    a. Initial: course one for three months.
    b. Re-approval: course two for three months at least 43 weeks after the end of course one.
7. Exclusions:
    a. Diagnosis of clinically isolated syndrome.
    b. Presence of current malignancy.
    c. Infections: Human Immunodeficiency Virus infection, active chronic infections (e.g., hepatitis or tuberculosis).
    d. Pregnant women, and women and men of reproductive potential who do not plan to use effective contraception during Mavenclad treatment and for six months after the last dose of treatment.
    e. Women breastfeeding during Mavenclad treatment and ten days after the last dose.

B. Zeposia oral (ozanimod)
1. Age: at least 18 years.
2. Prescriber: neurologist.
3. Disease and severity: Multiple sclerosis, relapsing.
4. Dosage regimen:
    a. Initial: 0.23 mg once daily on days 1 through 4; then 0.46 mg once daily on days five through seven.
    b. Maintenance dose: 0.92 mg once daily starting on day 8 and after.
5. Approval:
    a. Initial: 6 months.
    b. Re-approval: 1 year.
6. Exclusions:
    a. Concomitant therapy. Must be used as single-agent therapy.
    b. Use in Ulcerative Collitis. Only allowed for the treatment of multiple sclerosis.
    c. Pregnant women, and women of reproductive potential who do not plan to use effective contraception during Zeposia treatment and for three months after the last dose of treatment.
    d. Active chronic infections (e.g., hepatitis or tuberculosis).
    e. Mild to severe hepatic impairment or injury.

IV. Intravenous Monoclonal Antibody Agents

A. Ocrevus IV and Ocrevus Zunovo SQ (ocrelizumab) [must meet all listed below]:

1. Age: at least 18 years.
2. Prescriber: neurologist.
3. Disease and severity: relapsing or primary progressive multiple sclerosis
4. Other therapies:
    a. Kesimpta SQ (Ofatumumab).
    b. One other preferred formulary agent.
5. Dosage regimen:
    a. Ocrevus IV: 300 mg on day 1, followed by 300 mg two weeks later; subsequent doses of 600 mg are administered once every six months (beginning six months after the first 300 mg dose).
    b. Ocrevus Zunovo SQ: ocrelizumab 920 mg/hyaluronidase 23,000 units once every 6 months.
6. Approval:
    a. Initial: six months (three doses).
    b. Re-approval: one year (two doses).
7. Exclusions:
    a. Concomitant therapy: must be used as single agent therapy.
    b. Active infection.

B. Briumvi IV (ublituximab) [must meet all listed below]:
1. Age: at least 18 years.
2. Prescriber: neurologist.
3. Disease and severity: relapsing multiple sclerosis
4. Other therapies: contraindication, inadequate response indicated by significant disease flare(s) or significant adverse effect to one of each listed below:
    a. Kesimpta SQ (Ofatumumab).
    b. One other preferred formulary agent.
5. Dosage regimen:
    a. 150 mg once on day 1, followed by 450 mg two weeks later; subsequent doses of 450 mg are administered once every twenty-four weeks (beginning twenty-four weeks after the first dose of 150 mg)
6. Approval:
    a. Initial: six months (three doses).
    b. Re-approval: one year (two doses).
7. Exclusions:
    a. Concomitant therapy: must be used as single agent therapy.
    b. Active infection.

C. Tysabri IV and Tyruko IV (natalizumab) [must meet all listed below]:
1. Age: at least 18 years
2. Prescriber: neurologist.
3. Disease and severity

a. The patient has been diagnosed with a relapsing form of multiple sclerosis [i.e. relapsing-remitting disease (RRMS), active secondary progressive disease (SPMS), or clinically isolated syndrome (CIS).

4. Other therapies: Trials of two generic medications for the treatment of Multiple Sclerosis unless all are contraindicated. Trial must result in an inadequate response after four consecutive months of use per medication or a severe adverse reaction.
   a. Kesimpta SQ (Ofatumumab).
   b. One other preferred formulary agent.
5. Dosage regimen:
   a. 300 mg infused over one hour every four weeks.
6. Approval:
   a. Initial: six months.
   b. Re-approval: one year.
7. Exclusions:
   a. Concomitant therapy. Must be used as single-agent therapy.
   b. Active infection.

4.0 Coding:

COVERED CODES					
HCPCS Code	**Brand Name**	**Generic Name**	**Billing Units (1 unit)**	**Prior Approval**	**Preferred**
J2350	Ocrevus	ocrelizumab	1 mg	Y	Y
J2323	Tysabri	natalizumab	1 mg	Y	
J3590	Briumvi	ublituximab	1 mg	Y	Y
Q5134	Tyruko	natalizumab-sztn	1 mg	Y	Y
J2351	Ocrevus Zunovo	Ocrelizumab and hyaluronidase-ocsq	1 mg	Y	

5.0 References, Citations & Resources:

1. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Ampyra, Briumvi, Mavenclad, Ocrevus, Tysabri accessed October 2022.
2. Disease modifying treatment of relapsing-remitting multiple sclerosis in adults. UpToDate **[**internet] Accessed May 2021.
3. Effects of dalfampridine Extended-release Tablets on 6-minute walk distance in patients with MS: A post hoc analysis of a double-blind, placebo-controlled trial. Clinical Therapeutics 2015:37(12);2780-87.
4. Assessing dalfampridine efficacy in the physician's office. Multiple Sclerosis Journal 2014:20(1);24-26.
5. Timed 25-foot walk. American Academy of Neurology 2013:80;1509-17.
6. Challenge of progressive multiple sclerosis therapy. www.co-neurology.com 2017; 30(3):237-240.
7. ECTRIMS/EAN guideline on the pharmacological treatment of people with multiple sclerosis [published correction appears in Eur J Neurol. 2018;25(3):605]. Eur J Neurol. 2018;25(2):215-237.

doi:10.1111/ene.13536[PubMed 29352526]
8. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology [published correction appears in Neurology. 2019;92(2):112]. Neurology. 2018;90(17):777-788. doi:10.1212/WNL.0000000000005347[PubMed 29686116]

6.0 Appendices:

None.

7.0 Revision History:

Original Effective Date: 08/26/2010

Next Review Date: 07/01/2026

Revision Date	Reason for Revision
8/19	Moved to new form; replaced abbreviations
4/20	Annual review; modified instruction and other therapies language; replaced abbreviations; approved at June P&T Committee meeting.
5/21	Annual review: clarified criteria instructions, removed abbreviations, clarified duration of other therapies, clarified purpose, added appropriate therapy
4/22	Annual Review; added compendium to Appropriate use section
11/22	Added Ocrevus and Tysabri with Kesimpta step after rebates review.
4/23	Annual review, replaced numbers with text, reformatted, added Briumvi /Zeposia and references
4/24	Annual review; general considerations section update, other therapies language update, removal of patient safety and monitoring appendix
3/25	Off cycle review; removed other therapy requirements for Zeposia, added Ocrevus Zunovo to Ocrevus section, added Tyruko to Tysabri section and coding, noted that Briumvi, Tyruko, and Ocrevus are preferred agents in coding section