

Federal Employee Program.

TYSABRI (natalizumab), TYRUKO (natalizumab-sztn)*

*This medication is included in this policy but is not available on the market as of yet)

Pre - PA Allowance

None

Prior – Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

- 1. Relapsing Multiple Sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease
 - a. Used as monotherapy
 - NOT used in combination with another MS disease modifying agent
- 2. Crohn's Disease (CD)
 - a. Moderately to severely active
 - b. Inadequate treatment response, intolerance, or contraindication to ALL of the following:
 - i. Conventional Crohn's disease therapies
 - ii. TNF inhibitors
 - c. **NOT** used in combination with immunosuppressants or TNF inhibitors

AND ALL of the following for **ALL** indications:

- a. Patient does **NOT** have or have had progressive multifocal leukoencephalopathy (PML)
- b. Patient will be monitored for any new sign or symptom that may be suggestive of PML
 - i. Medication will be withheld at the 1st sign or symptom suggestive of PML
- c. Patient does **NOT** have significantly compromised immune system function.
- d. **NOT** given concurrently with live vaccines
- e. **Tysabri ONLY:** Patient must be enrolled in and meet all conditions of the TOUCH Prescribing Program



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 Tyruko ONLY: Patient must be enrolled in and meet all conditions of the Tyruko REMS Program

Prior – Approval Limits

Duration 4 months

Prior - Approval Renewal Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

- 1. Relapsing Multiple sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease
 - a. Used as monotherapy
 - NOT used in combination with another MS disease modifying agent
- 2. Crohn's Disease (CD)
 - a. NOT used in combination with immunosuppressants or TNF inhibitors
 - b. Patient has experienced therapeutic benefit by 12 weeks of induction therapy

AND ALL of the following for ALL indications:

- Patient does not have progressive multifocal leukoencephalopathy (PML)
- b. **NO** concurrent therapy with systemic corticosteroids
- c. **NO** evidence of jaundice or liver injury
- d. **NO** development of opportunistic infections
- e. NO development of herpes infections
- f. NOT given concurrently with live vaccines
- g. Tysabri ONLY: Patient must be enrolled in and meet all conditions of the TOUCH Prescribing Program
- h. **Tyruko ONLY:** Patient must be enrolled in and meet all conditions of the Tyruko REMS Program



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Prior – Approval Renewal Limits

Duration 12 months