



**Drug Name:** Tysabri (natalizumab)

**Date:** 03-2018

<b>Drug Name:</b>	<b>Tysabri (natalizumab)</b>
<b>Prescriber</b>	Patient is under the care of a neurologist
<b>Restrictions:</b>	
<b>Initial Coverage Criteria</b>	<ul style="list-style-type: none"><li>• Patient is at least 18 years of age; and</li><li>• Patient is diagnosed with a <u>relapsing form of multiple sclerosis</u>; and<ul style="list-style-type: none"><li>○ Member has failed, demonstrated intolerance, or is contraindicated to preferred formulary agents (Aubagio and glatiramer acetate).</li></ul></li></ul>
<b>Renewal Coverage Criteria</b>	<ul style="list-style-type: none"><li>• Patient has experienced disease improvement or slowing of disease worsening (e.g., no decline in Expanded Disability Status Score [EDSS] or MRI findings) since initiating therapy.</li></ul>
<b>Coverage Duration:</b>	<b>Initial:</b> 6 months <b>Continuation of therapy:</b> 12 months

**Investigational use:** All Multiple sclerosis therapies is considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in one of the above listed resources. Neighborhood does not provide coverage for drugs when used for investigational purses.