

PART B STEP THERAPY CRITERIA FOR APPROVAL

Lemtrada, Ocrevus, and Tysabri will be approved when ALL of the following are met:

1. The requested medication is being used for ONE of the following:
 - A. An FDA approved indication
 - OR**
 - B. An indication in CMS approved compendia
- AND**
2. ONE of the following:
 - A. Information has been provided that indicates the patient has been treated with the requested medication in the past 365 days
 - OR**
 - B. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of the preferred medication(s)
 - OR**
 - C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of the preferred medication(s)*
 - OR**
 - D. The prescriber has submitted documentation indicating the preferred medication(s) are likely to be ineffective or are likely to cause an adverse reaction or other harm to the enrollee

Length of Approval: up to 12 months

*Preferred medication(s) may vary based upon indication. Use of TWO preferred medications is required for diagnosis of Multiple Sclerosis. Use of ONE preferred medication is required for diagnosis of Crohn's Disease.

Targeted Part B Medication	Preferred Medication(s)*
Lemtrada (alemtuzumab)	Part D - Avonex, Betaseron, dimethyl fumarate, Gilenya, glatiramer (brand names Copaxone and Glatopa), Mayzent, Plegridy, Rebif/Rebif Rebidose, and Vumerity
Ocrevus (ocrelizumab)	Part D - Avonex, Betaseron, dimethyl fumarate, Gilenya, glatiramer (brand names Copaxone and Glatopa), Mayzent, Plegridy, Rebif/Rebif Rebidose, and Vumerity
Tysabri (natalizumab) for MS	Part D - Avonex, Betaseron, dimethyl fumarate, Gilenya, glatiramer (brand names Copaxone and Glatopa), Mayzent, Plegridy, Rebif/Rebif Rebidose, and Vumerity
Tysabri (natalizumab) for Crohn's Disease	Part D - Corticosteroids, methotrexate, and immunomodulators, such as azathioprine or 6-mercaptopurine

NOTES:

- Prerequisite medications may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy medication could equate to multiple medication authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.