

HealthAlliance**MEDICARE**

PURPOSE OF THE POLICY

To define the prior authorization for multiple sclerosis treatment

STATEMENT OF THE POLICY

Avonex®, Betaseron®, Copaxone®, and Tysabri® will be covered for treatment of multiple sclerosis based on requirements within the policy and for new starts only and after Part B vs. Part D decision has been made for Avonex®.

PROCEDURES

Multiple Sclerosis Treatment

1. Procedure

- 1.1 Approved for FDA-approved indications
- 1.2 Natalixumab (Tysabri ®)
 - Coverage is available per the appropriate manufacturer drug program

2. Non Coverage

- 2.1 Interferon beta is not initially covered for MS patients:
 - With a primary progressive disease course
 - With concurrent illness likely to alter compliance or substantially reduce life expectancy (i.e. dementia, alcoholism and malignancy)