

BLUE CROSS

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PHARMACY / MEDICAL POLICY – 5.01.644 Medical Pharmacologic Treatment of Multiple Sclerosis

Effective Date:	Feb. 1, 2025	RELATED N	MEDICAL POLICIES:
Last Revised:	Jan. 14, 2025	5.01.556	Rituximab: Non-oncologic and Miscellaneous Uses
Replaces:	N/A	5.01.565	Pharmacotherapy of Multiple Sclerosis
		11.01.523	Site of Service: Infusion Drugs and Biologic Agents

The Site of Service Medical Necessity criteria within this policy DOES NOT apply to Alaska fullyinsured members; refer to the infusion drug Medical Necessity criteria only.

Site of Service *and* the infusion drug Medical Necessity criteria apply to all other plan members.

Please contact Customer Service for more information.

Select a hyperlink below to be directed to that section.

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Introduction

Multiple sclerosis is a disease that occurs when the body's immune system reacts to and damages nerve cells. Damage occurs to nerves and their connections in the brain and spinal cord. Multiple sclerosis is also called MS. People with MS can have a variety of symptoms including vision problems, numbness and tingling, muscle weakness and other problems. Some people have only a few symptoms, and others may be severely disabled form the disease. There are several types of MS as well. This policy discusses the medical drugs used to treat MS and which of those drugs need to be pre-approved by the health plan.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a

service may be covered.

Policy Coverage Criteria

Site of Service Medical Necessity criteria does NOT apply to Alaska fully-insured members; refer to the infusion drug Medical Necessity criteria only. Please contact Customer Service for more information.

We will review specific intravenous (IV) and injectable drugs for medical necessity for all ages.

For those age 13 and older, we also will review the site of service for medical necessity. Site of service is defined as the location where the drug is administered, such as a hospital-based outpatient setting, an infusion center, a physician's office, or at home.

Drugs subject to site of service review addressed in this policy are:

- Briumvi (ublituximab-xiiy)
- Ocrevus (ocrelizumab)
- Tyruko (natalizumab-sztn)
- Tysabri (natalizumab)

Site of Service	Medical Necessity (Applies to all Plans)
Administration	
Medically necessary sites	IV infusion therapy of various medical or biologic agents will
of service	be covered in the most appropriate, safe and cost-effective
Physician's office	site:
Infusion center	• These are the preferred medically necessary sites of service for
Home infusion	specified drugs.
Hospital-based outpatient	IV infusion therapy of various medical or biologic agents will
setting	be covered in the most appropriate, safe and cost-effective
Outpatient hospital IV	site.
infusion department	



Site of Service	Medical Necessity (Applies to all Plans)
Administration	
Hospital-based outpatient clinical level of care	 This site is considered medically necessary for the first 90 days for the following: The initial course of infusion of a pharmacologic or biologic agent OR Re-initiation of an agent after 6 months or longer following discontinuation of therapy* Note: This does not include when standard dosing between infusions is 6 months or longer
	This site is considered medically necessary when there is no outpatient infusion center within 50 miles of the individual's home and there is no contracted home infusion agency that will travel to their home, or a hospital is the only place that offers infusions of this drug.
	 This site is considered medically necessary only when the individual has a clinical condition which puts him or her at increased risk of complications for infusions, including any ONE of the following: Known cardiac condition (e.g., symptomatic cardiac arrhythmia) or pulmonary condition (e.g., significant respiratory disease, serious obstructive airway disease, %FVC ≤ 40%) that may increase the risk of an adverse reaction Unstable renal function which decreases the ability to respond to fluids Difficult or unstable vascular access Acute mental status changes or cognitive conditions that impact the safety of infusion therapy A known history of severe adverse drug reactions and/or anaphylaxis to prior treatment with a related or similar drug

Site of Service	Medical Necessity (Applies to all Plans)	
Administration		
	 This site is considered medically necessary when the individual has cytokine release syndrome (CRS) and all the following are met: CRS is grade 3 or 4 as evidenced by ALL the following: Temperature greater or equal to 38 °C Hypotension that requires one or more vasopressors Hypoxia that requires oxygen through a high-flow nasal cannula, face mask, non-rebreather mask, or Venturi mask OR positive pressure (continuous positive airway pressure [CPAP], bilevel positive airway pressure [BiPAP], intubation, or mechanical ventilation) AND The individual will be admitted into an inpatient setting as soon as possible 	
Hospital-based outpatient	These sites are considered not medically necessary for infusion	
setting	and injectable therapy services of various medical and biologic	
Outpatient hospital IV	agents when the site-of-service criteria in this policy are not	
infusion department	met.	
Hospital-based outpatient		
clinical level of care		

Note: This policy does not address intravenous (IV) and injectable therapy services for individual's receiving inpatient services.

Drug	Medical Necessity
Anti-CD52	Lemtrada (alemtuzumab) may be considered medically
• Lemtrada (alemtuzumab)	necessary for the treatment of relapsing forms of multiple
IV	sclerosis, including relapsing-remitting disease and active
	secondary progressive disease, when the following conditions
	are met:
	The individual is aged 17 years or older
	AND
	Lemtrada (alemtuzumab) is not used concurrently with other
	MS disease modifying drugs
	AND



Drug	Medical Necessity
	 Has had an inadequate response to two or more disease modifying drugs indicated for the treatment of multiple sclerosis (any two of the following: B-interferon(s), dimethyl fumarate, diroximel fumarate, fingolimod, glatiramer, monomethyl fumarate, natalizumab, ocrelizumab, ofatumumab, ozanimod, ponesimod, siponimod or teriflunomide) AND Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis
α4 Integrin Inhibitors	Tyruko (natalizumab-sztn) and Tysabri (natalizumab) are
 Tyruko (natalizumab- sztn) IV 	subject to review for site of service administration.
• Tysabri (natalizumab) IV	 Tyruko (natalizumab-sztn) and Tysabri (natalizumab) may be considered medically necessary for the treatment of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, when the following conditions are met: The individual is aged 18 years or older AND Must have an expanded disability status score (EDSS) of less than 6 AND The medication is not used concurrently with other MS disease modifying drugs AND Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis
	Note: Due to safety concerns, access to Tysabri requires enrollment in the TOUCH registry maintained by the manufacturer (see https://www.touchprogram.com/TTP/) and Tyruko requires enrollment in the Tyruko REMS program.
CD20-directed cytolytic antibody	Briumvi (ublituximab-xiiy) is subject to review for site of service administration.



Drug	Medical Necessity
Briumvi (ublituximab-	Briumvi (ublituximab-xiiy) may be considered medically
xiiy) IV	necessary for the treatment of relapsing forms of multiple
	sclerosis, including clinically isolated syndrome, relapsing-
	remitting disease, and active secondary progressive disease,
	when the following conditions are met:
	The individual is aged 18 years or older
	AND
	 Must have an expanded disability status score (EDSS) of less than 6
	AND
	• Briumvi (ublituximab-xiiy) is not used concurrently with other
	MS disease modifying drugs
	AND
	Medication is prescribed by or in consultation with a
	neurologist or a physician who specializes in the treatment of
	multiple sclerosis
CD20-directed cytolytic	Ocrevus (ocrelizumab) is subject to review for site of service
antibody	administration.
Ocrevus (ocrelizumab) IV	
	Ocrevus (ocrelizumab) may be considered medically necessary
	for the treatment of relapsing forms of multiple sclerosis,
	including clinically isolated syndrome, relapsing-remitting
	disease, and active secondary progressive disease, when the
	following conditions are met:
	The individual is aged 18 years or older
	AND
	• Must have an expanded disability status score (EDSS) of less
	than 6
	AND
	Ocrevus (ocrelizumab) is not used concurrently with other MS
	disease modifying drugs
	AND Modication is proscribed by or in consultation with a
	 Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of
	neurologist or a physician who specializes in the treatment of multiple sclerosis



Drug	Medical Necessity
	Ocrevus (ocrelizumab) may be considered medically necessary
	for the treatment of primary progressive multiple sclerosis
	when the following conditions are met:
	The individual is aged 18 years or older
	AND
	 Must have an expanded disability status score (EDSS) of less than 7
	AND
	 Ocrevus (ocrelizumab) is not used concurrently with other MS
	 Ocrevus (ocreizumab) is not used concurrently with other Mis disease modifying drugs
	AND
	 Medication is prescribed by or in consultation with a
	neurologist or a physician who specializes in the treatment of
	multiple sclerosis
CD20-directed cytolytic	Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq) may be
antibody	considered medically necessary for the treatment of relapsing
Ocrevus Zunovo	forms of multiple sclerosis, including clinically isolated
(ocrelizumab-	syndrome, relapsing-remitting disease, and active secondary
hyaluronidase-ocsq) SC	progressive disease, when the following conditions are met:
	The individual is aged 18 years or older
	AND
	• Must have an expanded disability status score (EDSS) of less
	than 6
	AND
	Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq) is not used
	concurrently with other MS disease modifying drugs
	AND
	Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq) is
	prescribed by or in consultation with a neurologist or a
	physician who specializes in the treatment of multiple sclerosis
	Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq) may be
	considered medically necessary for the treatment of primary
	progressive multiple sclerosis when the following conditions
	are met:
	The individual is aged 18 years or older

Drug	Medical Necessity	
	AND	
	• Must have an expanded disability status score (EDSS) of less	
	than 7	
	AND	
	Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq) is not used	
	concurrently with other MS disease modifying drugs	
	AND	
	Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq) is	
	prescribed by or in consultation with a neurologist or a	
	physician who specializes in the treatment of multiple sclerosis	

Drug	Investigational
As listed	The medications listed in this policy are subject to the product's US Food and Drug Administration (FDA) dosage and administration prescribing information.
	All other uses of the medications listed in this policy are considered investigational.

Length of Approval		
Approval	Criteria	
Initial authorization	Non-formulary exception reviews and all other reviews for all drugs listed in policy may be approved up to 12 months.	
Re-authorization criteria	Non-formulary exception reviews and all other reviews for all drugs listed in policy may be approved up to 12 months as long as the drug-specific coverage criteria are met, and chart notes demonstrate that the individual continues to show a positive clinical response to therapy.	

Documentation Requirements

The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

• Office visit notes that contain the diagnosis, relevant history, physical evaluation, and medication history



Coding

Code	Description	
HCPCS		
J0202	Injection, alemtuzumab (Lemtrada), 1 mg	
J2323	Injection, natalizumab (Tysabri), 1mg	
J2329	Injection, ublituximab-xiiy (Briumvi), 1mg	
J2350	Injection, ocrelizumab (Ocrevus), 1 mg	
J3590	Unclassified biologics (used to report Ocrevus Zunovo)	
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar (Tyruko), 1 mg (new code effective 04/01/2024)	

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Related Information

Consideration of Age

The age described in this policy for Site of Service reviews for medical necessity is 13 years of age or older. The age criterion is based on the following: Pediatric individuals are not small adults. Pediatric individuals differ physiologically, developmentally, cognitively, and emotionally from adult individuals, and vary by age groups from infancy to teen. Children often require smaller doses than adults, lower infusion rates, appropriately sized equipment, the right venipuncture site determined by therapy and age, and behavioral management during administration of care. Specialty infusion training is therefore necessary for pediatric IV insertions and therapy. Due to pediatric unique physiology and psychology, site of service review is limited to individuals above the age of 13.



Benefit Application

The medications listed in this policy are managed through the medical benefit.

Evidence Review

It is currently thought that multiple sclerosis (MS) is the result of a combination of factors including immune response, genetics, infection, and environmental issues. MS is characterized by the destruction of the myelin sheath that surrounds axons of the central nervous system (CNS) and eventual axonal damage. This is believed to be an autoimmune attack against myelin and the myelin-producing oligodendrocytes. There is an associated inflammatory response involving B-cells, T-cells, macrophages, antibodies, and complement. The myelin sheath is replaced by sclerotic plaques. The damage to the myelin sheath can delay or halt nerve impulses. Axonal damage leads to loss of nerve impulses.

An estimated 250,000 to 400,000 cases exist in the United States (US). In 2000, the estimated prevalence was 191/100,000 Caucasians in the US, with an incidence rate of 7.3/100,000 personyears at risk. Diagnosis usually occurs when individuals are between 20 and 50 years of age. The disease is more prevalent: 1) further away from the equator; 2) in Caucasians; and 3) in women. Other risk factors include Epstein-Barr virus exposure, vitamin D deficiency, and smoking.

MS usually follows one of the following four disease courses, but individual presentation can vary quite widely.

- Relapsing-remitting MS (RRMS): clearly defined acute attacks followed by periods of partial or full recovery. This is the most common course of the disease describing approximately 85% of MS individuals.
- Primary-progressive MS (PPMS): the disease steadily progresses although there may be occasional plateaus or remissions. The individual does not experience acute attacks. Approximately 10% of MS individuals have PPMS.
- 3. Secondary-progressive MS (SPMS): often follows RRMS. Individual experiences acute attacks similar to RRMS, but with progressively less recovery after acute attacks and progressively worsening function between attacks. As with PPMS, there may be occasional plateaus or remissions.

Progressive-relapsing MS (PRMS): initially presents as PPMS with steady disease progression, but later experiences acute attacks followed by partial recovery. This is only seen in approximately 5% of MS individuals.

Ocrelizumab (Ocrevus) is second-generation humanized (murine) anti-CD20 monoclonal antibody that targets CD20⁺ B-lymphocytes; hence, it is an immunosuppressant. Rituximab (Rituxan) is another similar chimeric (murine/human) anti-CD20 monoclonal antibody that is used off-label for the treatment of MS. In-vitro studies suggest ocrelizumab has greater antibody-dependent cell-mediated cytotoxicity and less complement-dependent cytotoxicity compared to rituximab. Whether this is of clinical relevance remains to be established. Development of rituximab for MS was discontinued by the manufacturer given its imminent patent expiration and development of ocrelizumab ensued.

References

- 1. Miller AE, Rhoades RW. Treatment of relapsing-remitting multiple sclerosis: current approaches and unmet needs. Curr Opin Neurology 2012;25 Suppl:S4-10.
- 2. Lycke J. Monoclonal antibody therapies for the treatment of relapsing-remitting multiple sclerosis: differentiating mechanisms and clinical outcomes. Ther Adv Neurol Disord. 2015;8(6):274-93.
- 3. Tyruko (natalizumab-sztn) prescribing information. Sandoz, Inc; Princeton, NJ. Revised August 2023.
- 4. Briumvi (ublituximab-xiiy) prescribing information. TG Therapeutics; Morrisville, NC. Revised December 2022.
- 5. Ocrevus Zunovo (ocrelizumab-hyaluronidase-ocsq) prescribing information. Genentech; South San Francisco, CA. Revised September 2024.
- 6. Ocrevus (ocrelizumab) prescribing information. Genentech; South San Francisco, CA. Revised June 2024.
- 7. Lemtrada (alemtuzumab) prescribing information. Genzyme Corporation; Cambridge, MA. Revised May 2024.
- 8. Tysabri (natalizumab) prescribing information. Biogen; Cambridge, MA. Revised October 2023.

History

Date	Comments
02/01/25	New policy, approved January 14, 2025. Moved Briumvi, Lemtrada, Ocrevus, Ocrevus
	Zunovo, Tyruko, and Tysabri from Policy 5.01.565 Pharmacotherapy of Multiple
	Sclerosis to this policy 5.01.644. Policy updated to indicate that Site of Service Medical
	Necessity criteria does not apply to Alaska fully insured members; only Medical

Date	Comments
	Necessity criteria for the infusion drug applies pursuant to Alaska HB 226 (link added).
	Clarified that the medications listed in this policy are subject to the product's FDA
	dosage and administration prescribing information. Clarified that non-formulary
	exception review authorizations for all drugs listed in this policy may be approved up
	to 12 months. Added a prescriber requirement and age requirement to Briumvi
	(ublituximab-xiiy), Lemtrada (alemtuzumab), Tysabri (natalizumab), Tyruko
	(natalizumab-sztn), and Ocrevus (ocrelizumab). Added an exception to the site-of-
	service requirements for certain individuals receiving treatment for cytokine release syndrome (CRS).

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

