Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	NA	N/A	Х	N/A	Χ	Χ	Χ	Х	Χ	Χ	N/A	N/A	N/A

\*FHK- Florida Healthy Kids

Medication	Approval duration
Tysabri (natalizumab)	1 year

## OVERRIDE(S)

Prior Authorization of Benefits

## **APPROVAL CRITERIA**

Treatment with Tysabri (natalizumab) may be approved for the following:

- I. Monotherapy for individuals with relapsing forms of multiple sclerosis (MS) who have had an inadequate response to, or are unable to tolerate, alternative treatments for MS; **AND**
- II. Enrolled in and met all conditions of the MS Touch Prescribing Program; OR
- III. Treatment of adults with moderate to severe Crohn's disease (CD) with evidence of inflammation, for induction and maintenance of clinical response and remission, who have had an inadequate response to, or are unable to tolerate conventional CD therapies and inhibitors of TNF-α; **AND**
- IV. Enrolled in and met all conditions of the CD Touch Prescribing Program.

Treatment with natalizumab (Tysabri) may **NOT** be approved for all other uses and for individuals with any of the following:

- I. Types of MS other than relapsing forms; **OR**
- II. Currently responsive to and tolerating another treatment for MS or CD; OR
- III. Current or prior history of progressive multifocal leukoencephalopathy (PML); OR
- IV. Medical condition which significantly compromises the immune system including HIV infection or AIDS, leukemia, lymphoma or organ transplantation; **OR**
- V. Receiving chronic antineoplastics or immunosuppressants (for example, azathioprine); **OR**
- VI. Receiving any other immune system modifying drugs such as interferon beta-1 (for example, Avonex); **OR**
- VII. Positive test results for anti-John Cunningham virus (JCV) antibodies.

State Specific Mandates					
State name	Date effective	Mandate details (including specific bill if applicable)			
N/A	N/A	N/A			