

DRUG DETERMINATION POLICY

Title: DDP-35 Multiple Sclerosis (MS) Agents

Effective Date: 11/05/2019



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs that require prior approval.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

Ampyra is a specialty drug indicated for a number of diagnoses and is associated with significant toxicity. These criteria were developed and implemented to ensure appropriate use for the intended diagnoses and mitigation of toxicity, if possible.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

A. Dalfampridine.

1. Age: at least 18 years.
2. Prescriber: neurologist.
3. Diagnosis and severity:
 - a. Multiple sclerosis (MS) with documented difficulty walking, resulting in significant limitations of activities of daily living.
 - b. Walk-speed.
 - i. Clinical notes documenting three measurements and average score.
 - ii. Timed 25-foot walk speed (T25FW): baseline 25 feet in 8 to 45 seconds.

4. Other therapies: no prior treatment and failure with dalfampridine (non-responder).
5. Dosage regimen: 10mg oral twice daily.
6. Approval.
 - a. Initial approval: four months.
 - b. Re-approval: six months; meet all the below:
 - i. Responder: shows benefit after the initial four month trial period while on medication.
 - ii. Timed 25-foot walk speed (T25FW): improved/maintained over 20% above baseline.
 - iii. Significant limitations in activities of daily living: improved or resolved as a result of increased speed of ambulation as documented in clinical notes.
7. Exclusions:
 - a. History of seizures.
 - b. Moderate to severe renal impairment (CrCl < 50 ml/min).

B. Mavenclad oral (cladribine).

1. Age: at least 18 years.
2. Prescriber: neurologist.
3. Disease and severity:
 - a. Relapsing multiple sclerosis (MS): relapsing remitting disease and active secondary progressive disease.
 - b. Relapses: at least one relapse in the past year.
4. Other therapies: contraindication, failed or had significant adverse effect to two other oral or IV multiple sclerosis treatment.
5. Dosage regimen:
 - a. Total dose: 3.5mg per Kg oral over two years.
 - b. Courses:
 - i. Course one: 1.75mg per Kg over two cycles; each cycle lasting 4-5 days (maximum dose 20mg per day); second cycle 23 to 27 days after last day of first cycle.
 - ii. Course two: 1.75mg per Kg over two cycle starting cycle one at least 43 weeks after the last day of course one; second cycle 23-27 days after last day of first cycle.
6. Approval:
 - a. Initial (course one): three months.

b. Re-approval (course two): three months (at least 43 weeks after the end of course one).

7. Exclusions:

- a. Diagnosis of clinically isolate syndrome (CIS).
 - b. Presence of current malignancy.
 - c. Pregnant women, and women and men of reproductive potential who do not plan to use effective contraception during Mavenclad treatment and for six months after the last dose of treatment.
- 4. Human Immunodeficiency Virus (HIV) infection.
 - 5. Active chronic infections (e.g. hepatitis or tuberculosis).
 - 6. Women breastfeeding during Mavenclad treatment and ten days after last dose.

4.0 Coding:

None.

5.0 References, Citations & Resources:

- 1. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Ampyra, Mavenclad accessed September 2019.
- 2. Disease modifying treatment of relapsing-remitting multiple sclerosis in adults. UpToDate [internet] Accessed May 2016: Available from <http://uptodate.com/contents/disease-modifying-treatment-of-relapsing-remittting-multiple-sclerosis-in-adults>.
- 3. Effects of dalfampridine Extended-release Tablets on 6-minute walk distance in patients with MS: A post hoc analysis of a double-blind, placebo-controlled trial. Clinical Therapeutics 2015;37(12);2780-87.
- 4. Assessing dalfampridine efficacy in the physician’s office. Multiple Sclerosis Journal 2014;20(1);24-26.
- 5. Timed 25-foot walk. American Academy of Neurology 2013;80;1509-17.
- 6. Challenge of progressive multiple sclerosis therapy. www.co-neurology.com 2017; 30(3):237-240.

6.0 Appendices:

Appendix I: Patient Safety and Monitoring

Drug	Adverse Reactions	Monitoring & Contraindications	Requirements
Ampyra dalfampridine	<ul style="list-style-type: none">• Central Nervous System (CNS): asthenia (7%), balance disorder (5%), dizziness (7%), headache (HA) (7%), insomnia (9%)• Gastrointestinal (GI): nausea (7%)• Miscellaneous: urinary tract infection (12%)• Pregnancy: adverse events seen in	<ul style="list-style-type: none">• Lab: creatinine clearance (CrCl) pre. & annually	<ul style="list-style-type: none">• Medication guide

Drug	Adverse Reactions	Monitoring & Contraindications	Requirements
	animal repro. studies (↓ growth & death)		
Mavenclad cladribine	<ul style="list-style-type: none"> • CNS: HA (25%) • GI: nausea (10%) • Hematology/Oncology: lymphocytopenia (24-87%), bone marrow depression (34%), ↓Hgb, ↓plts. • Hypersensitivity: reaction (11%) • Infection: infection (49%) • Respiratory: URI (38%) 	<ul style="list-style-type: none"> • Labs: lymphocyte count (prior , 2 & 6 months. post), liver function tests (prior & prn) • Infections: signs & symptoms; HIV, Hepatitis B (HBV), Hepatitis C (HCV), Varicella-zoster virus (VZV) status (prior to treatment) • Pregnancy test • Progressive multifocal leukoencephalopathy: magnetic resonance imaging • Cancer: screening 	<ul style="list-style-type: none"> • Med guide must be dispensed

7.0 Revision History:

Original Effective Date: 08/26/2010

Next Review Date: 05/27/2020

Revision Date	Reason for Revision
8/19	Moved to new form; replaced abbreviations