Algorithm for Tysabri (natalizumab) in Multiple Sclerosis

1. The patient must have a definitive diagnosis of relapsing Multiple Sclerosis. Relapsing MS is characterized by disease activity defined as one or more relapses in the 1 year prior to therapy, or gadolinium positive lesions on MRI, or new T2 lesions on MRI despite disease modifying therapy.

   AND

2. The patient has a documented inadequate response, during at least 4 weeks of therapy, or inability to tolerate an appropriate trial, with at least one of the following agents:
   - Avonex (interferon β-1a)
   - Betaseron (interferon β-1b)
   - Copaxone (glatiramer acetate)
   - Gilenya™ (fingolimod)
   - Rebif (interferon β-1a)
   - Aubagio (teriflunomide)

   OR

3. The patient fits into a Poor Prognosis category and therefore natalizumab may be used 1st line as prescribed by the treating neurologist. Poor prognosis category is defined as:
   - Devastating relapse at onset
   - Early high relapse rate
   - High lesion activity/lesion load on brain MRI at first attack
   - Rapid onset of disability (eg, cognitive, physical, activities of daily living)
   - High-risk populations with historically more malignant forms of multiple sclerosis

   AND

4. The medication must be prescribed by a neurologist

   AND

5. Patient must be enrolled in the TOUCH Online program

   AND

6. Patient currently receiving immunosuppressants or antineoplastics (see list below*) should generally have a washout period of at least 3-6 months prior to initiation of natalizumab.

   *adalimumab, alefacept alemtuzumab, anakinra, azathioprine, cladribine, cyclophosphamide, cyclosporine, daclizumab, efalizumab, etanercept, fludarabine phosphate, infliximab, intravenous immunoglobulin leflunomide, mercaptopurine, methotrexate, mycophenolate mofetil, mycophenolic acid, pemetrexed, rituximab, trastuzumab, mitoxantrone)

References: