Drug Therapy Guidelines

Zinbryta® (daclizumab)

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<tr>
<th>Medical Benefit</th>
<th>Applicable</th>
<th>Effective: 10/1/16</th>
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<tr>
<td>Pharmacy- Formulary 1</td>
<td>x</td>
<td>Next Review: 9/17</td>
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<td>Pharmacy- Formulary 2</td>
<td>x</td>
<td>Date of Origin: 6/16</td>
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<td>Pharmacy- Formulary 3/Exclusive</td>
<td>x</td>
<td>Review Dates: 6/16, 9/16</td>
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I. Medication Description

Zinbryta® (daclizumab) is a humanized IgG1 monoclonal antibody that binds specifically to the alpha subunit of the interleukin (IL)-2 receptor, inhibiting the binding of IL-2 to IL-2Rα. By inhibiting the binding of IL-2 to this receptor, T-cell activation is blocked.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

III. Policy

Coverage of Zinbryta is granted when the following criteria are met:

- The patient has a diagnosis of a relapsing form of multiple sclerosis AND
- The patient has had an inadequate response to (either by clinical exacerbation or evidence of worsening), or is unable to tolerate at least two other disease-modifying multiple sclerosis therapies AND
- The medication is prescribed by a neurologist

IV. Quantity Limitations

Coverage is available for up to 1 syringe (150 mg) every 28 days.

V. Coverage Duration

Initial coverage is provided for 6 months and may be renewed in up to 12 month intervals.

VI. Coverage Renewal Criteria

Coverage may be renewed based upon the following criteria:

- Stabilization of disease or in absence of disease progression AND
- Absence of unacceptable toxicity from the drug
VII. Billing/Coding Information

Available as a box of one 150mg/mL pre-filled syringe

VIII. Summary of Policy Changes

- 7/26/16: new policy
- 9/15/16: no policy changes

IX. References


The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

Drug therapy initiated with samples will not be considered as meeting medical necessity for coverage for non-preferred or prior authorized medications.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.