



Pharmacy Prior Authorization Multiple Sclerosis – Clinical Guideline

Copaxone (glatiramer acetate)	Zeposia (ozanimod)	Ocrevus (ocrelizumab)
Rebif/Rebidose (interferon beta-1a)	Extavia (interferon beta-1b)	Mitoxantrone
Avonex (interferon beta-1a)	Aubagio (teriflunomide)	Bafiertam (monomethyl fumarate)
Betaseron (interferon beta-1b)	Plegridy (peginterferon beta-1a)	Lemtrada (alemtuzumab)
Gilenya (fingolimod)	Mavenclad (cladribine)	Tysabri (natalizumab)
Glatopa (glatiramer acetate)	Mayzent (siponimod)	Vumerity (diroximel fumarate)
Tecfidera (dimethyl fumarate)	Glatiramer acetate	Kesimpta (Ofatumumab)

Preferred Products: Copaxone 20mg, Glatopa 40mg, Rebif, Avonex, Betaseron, Gilenya, dimethyl fumarate

Non-Preferred Products: Require documentation to support trial and failure or contraindication to two preferred agents, where indicated.

General Authorization Criteria for all Agents:

- Member is 18 years of age or older for all agents except Gilenya (10 years of age or older)
- Medication is prescribed by a Neurologist
- Other disease modifying multiple sclerosis therapies (not including Ampyra) will be, or have been discontinued

Additional Criteria for Specific Medications:

INJECTABLE AGENTS

- **Copaxone (20mg), Glatopa, Rebif/Rebidose, Avonex, Extavia**
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced first clinical episode, and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Extavia: There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- **Betaseron:**
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
- **Kesimpta:**
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Member has been screened for Hepatitis B and does not have active Hepatitis B infection
 - There was inadequate response, intolerable side effects, or contraindication to two (2) formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- **Plegridy:**
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis) or



Pharmacy Prior Authorization Multiple Sclerosis – Clinical Guideline

- Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
- There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg

ORAL AGENTS

- Aubagio:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Females of reproductive potential are not pregnant prior to start of therapy, and will be using effective contraception during treatment
 - Member does not have severe hepatic impairment
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- Bafiertam:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - There was inadequate response, intolerable side effects, or contraindication to two (2) formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- Gilenya:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - There is no history of any of the following:
 - ❖ Myocardial Infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or class III/IV heart failure within the past six (6) months
 - ❖ Corrected QT (QTc) greater than or equal to 500 msec
 - ❖ History of Mobitz type II (2nd or 3rd degree atrioventricular block), or sick sinus syndrome, unless member has a pacemaker
 - ❖ Treatment with Class Ia or Class III anti-arrhythmic drugs
- Mayzent:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Member has been tested for CYP2C9 variants to determine CYP2C9 genotype, and is not positive for CYP2C9*3/*3
 - There is no history of any of the following:
 - ❖ Myocardial Infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or class III/IV heart failure within the past six (6) months
 - ❖ History of Mobitz type II (2nd or 3rd degree atrioventricular block), or sick sinus syndrome, unless member has a pacemaker



Pharmacy Prior Authorization Multiple Sclerosis – Clinical Guideline

- ❖ There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- Mavenclad:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis)
 - Member does not have a diagnosis of clinically isolated syndrome
 - Pregnant women, and women and men of reproductive potential who do not plan to use effective contraception during therapy and for 6 months after the last dose in each treatment course will be excluded from treatment
 - Member does not have Human Immunodeficiency Virus, active chronic infections (for example, hepatitis or tuberculosis), active malignancy, and if applicable is not breastfeeding (during treatment or for 10 days after last dose)
 - Lifetime maximum of 2 courses (4 cycles) of therapy
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- Zeposia:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Member does not have any of the following:
 - ❖ History (within the last 6 months) of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or NYHA Class III/IV heart failure
 - ❖ History or presence of Mobitz Type II second- or third-degree AV block, sick sinus syndrome, or sino-atrial block (unless member has a functioning pacemaker)
 - ❖ Severe untreated sleep apnea
 - There was inadequate response, intolerable side effects, or contraindication to two (2) formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg
- Tecfidera, dimethyl fumarate, Vumerity:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - For Tecfidera and Vumerity, there was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg

INFUSIONS

- Ocrevus:
 - Member has been screened for Hepatitis B and does not have an active Hepatitis B infection
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode, and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis) and
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg, or
 - Diagnosis of Primary-Progressive Multiple Sclerosis
- Lemtrada:



Pharmacy Prior Authorization Multiple Sclerosis – Clinical Guideline

- Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis)
- Will not exceed five (5) days of treatment the first year, and three (3) days of treatment the 2nd year. (subsequent treatment courses of 12mg per day on 3 consecutive days (36mg total dose) may be administered, as needed, at least 12 months after the last dose of any prior treatment course)
- Member is not infected with Human Immunodeficiency Virus (HIV) or other active infection
- There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg; OR member has highly active disease and there was inadequate response, intolerable side effects, or contraindication to Gilenya
- Tysabri:
 - Diagnosis of relapsing form of multiple sclerosis (for example, relapsing-remitting or active secondary progressive multiple sclerosis), or
 - Member has clinically isolated syndrome suggestive of multiple sclerosis (for example, persons who have experienced a first clinical episode and have magnetic resonance imaging (MRI) features consistent with multiple sclerosis)
 - Member does not have and has not progressive multifocal leukoencephalopathy (PML).
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg; OR member has highly active disease and there was inadequate response, intolerable side effects, or contraindication to Gilenya
- Mitoxantrone:
 - Member has one of the following diagnoses:
 - ❖ Secondary (chronic) progressive multiple sclerosis
 - ❖ Progressive relapsing multiple sclerosis
 - ❖ Worsening relapsing-remitting multiple sclerosis to reduce neurologic disability and/or frequency of clinical relapse
 - Mitoxantrone is not indicated for treatment of primary progressive multiple sclerosis
 - Cumulative lifetime dose is less than 140 mg/m²
 - There was inadequate response, intolerable side effects, or contraindication to two formulary agents, one of which must be an interferon, glatopa 40mg, or Copaxone 20mg

Initial Approval Duration:

- All injections: 12 months
- All orals: six (6) months
- Tysabri and mitoxantrone: three (3) months
- Ocrevus: six (6) months
- Lemtrada: 12 months
- Mavenclad is limited to a total of 2 courses per lifetime

Renewal Criteria:

- Requires documentation and lab results to support response to treatment (for example, improvement from baseline/initiation), and that there is no serious toxicity as a result of treatment

Renewal Approval Duration:

- All orals: 12 months
- Lemtrada: 12 months
- Mitoxantrone: three (3) months
- Tysabri and Ocrevus: six (6) months
- Mavenclad is limited to a total of 2 courses per lifetime



Pharmacy Prior Authorization Multiple Sclerosis – Clinical Guideline

Additional information:

- Examples of treatment failure (over 1 year period of using disease-modifying therapies):
 - 1 or more relapses
 - Magnetic resonance imaging (MRI) lesion progression
 - For example, increase in T1, T2, or gadolinium lesions)
 - Worsening disability or Expanded Disability Status Scale (EDSS) score

*Dosing Table serves as a guidance and not always updated. Please confirm details in Clinical Pharmacology or the PI

Multiple Sclerosis Agent	Max Dose	Strength	Frequency and Quantity
Aubagio	14mg/day	7mg; 14mg	Daily: Up to 30 tablets in 30 days
Gilenya	Children > 40kg & adults: 0.5 mg/day Children < 40kg: 0.25mg	0.25mg, 0.5mg	Daily: Up to 30 capsules in 30 days
Tecfidera, dimethyl fumarate	480mg/day	120mg 240mg	Up to 14 DR capsules or 1 starter pack in 30 days (for taper) Up to 60 DR capsules in 30 days
Vumerity	462 mg twice daily	231mg	Initial: 231 mg twice daily Maintenance: 462 mg twice daily
Avonex	30mcg/week	30mcg/0.5ml	Up to 4 syringes per month
Betaseron	250mcg/EOD	0.3mg	Up to 15 syringes per month
Kesimpta	20mg/month	20 mg/0.4 mL	Initial: 20 mg once weekly for 3 weeks Maintanace: 20 mg, 0.4ml pen per month
Copaxone/ Glatopa	20mg/day 40mg TIW	20mg/ml, 40mg/ml	Daily SQ: 20 mg, up to 30ml per month TIW SQ: 40 mg- up to 12 ml per month
Extavia	250mcg every other day	0.3mg	Up to 15 syringes per month
Plegridy	125mcg every 14 days	125mcg/0.5ml	Up to 2 syringes per month
Rebif	44mcg every 48 hours	22mcg/0.5ml, 44mcg/0.5ml	Three times a week SQ: 22mcg-44 mcg.
Lemtrada	12mg/day for 5 days	12mg/1.2ml	Year 1: 5 days of 12mg (60mg total: 5 vials) Year 2 and beyond: 3 days of 12mg (36mg total: 3 vials)
Tysabri	300mg every 4 weeks	300mg/15ml	Up to 1 vial per month
Mitoxantrone	Lifetime cumulative dose limit (140mg/m ²)	2 mg/ml	Every 3 months IV: 12 mg/m ²
Mavenclad	Lifetime cumulative dosage 3.5 mg/kg	10 mg	<u>Course 1/cycle 1</u> : start any time <u>Course 1/cycle 2</u> : 23 – 27 days after last dose of course 1/cycle 1 <u>Course 2/cycle 1</u> : at least 34 weeks after last dose of course 1/cycle 2



**Pharmacy Prior Authorization
Multiple Sclerosis – Clinical Guideline**

			Course 2/cycle 2: 23 – 27 days after last dose of course 2/cycle 1
Ocrevus	600mg every 6 months	300mg/10ml	300mg IV infusion followed by another 300mg 2 weeks later. Subsequent doses 600mg every 6 months.
Mayzent	2mg/day	0.25 mg; 2 mg	Daily: Up to 30 tablets in 30 days
Bafiertam	190 mg twice a day	95mg	Up to 120 capsules per month
Zeposia	0.92 mg/day	0.23 mg or 0.46mg or 0.92mg	Daily: Up to 30 capsules in 30 days

Forms of Multiple Sclerosis:

Form	Description
Relapsing-Remitting Multiple Sclerosis	Most common disease course is characterized by clearly defined attacks of worsening neurologic function. These attacks also called relapses, flare-ups or exacerbations are followed by partial or complete recovery periods (remissions), during which symptoms improve partially or completely and there is no apparent progression of disease. Approximately 85 percent of people with multiple sclerosis are initially diagnosed with relapsing-remitting multiple sclerosis
Secondary Progressive Multiple Sclerosis	The name for this course comes from the fact that it follows after the relapsing-remitting course. Most people who are initially diagnosed with Relapsing-Remitting Multiple Sclerosis will eventually transition to Secondary Progressive Multiple Sclerosis, which means that the disease will begin to progress more steadily (although not necessarily more quickly), with or without relapses.
Primary-Progressive Multiple Sclerosis	Primary-Progressive Multiple Sclerosis is characterized by steadily worsening neurologic function from the beginning. Although the rate of progression may vary over time with occasional plateaus and temporary, minor improvements, there are no distinct relapses or remissions. About 10 percent of people with multiple sclerosis are diagnosed with Primary-Progressive Multiple Sclerosis.

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Pharmacy Prior Authorization Multiple Sclerosis – Clinical Guideline

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