Applicable Drugs: Aubagio (teriflunomide), Avonex (interferon beta-1a), Bafiertam (monomethyl fumarate), Betaseron (interferon beta-1b), Briumvi (ublituximab), Copaxone (glatiramer), Gilenya (fingolimod), Glatopa (glatiramer), Kesimpta (ofatumumab), Lemtrada (alemtuzumab), Mavenclad (cladribine), Mayzent (siponimod), Ocrevus (ocrelizumab), Ocrevus Zunovo (ocrelizumab-hyaluronidase), Plegridy (peginterferon beta-1a), Ponvory (ponesimod), Rebif and Rebif Rebidose (interferon beta-1a), Tascenso ODT (fingolimod), Tecfidera (dimethyl fumarate), Tyruko (natalizumab-sztn), Tysabri (natalizumab), Vumerity (diroximel fumarate), Zeposia (ozanimod)

Preferred: Avonex (interferon beta-1a), Betaseron (interferon beta-1b), dimethyl fumarate (generic), fingolimod (generic), glatiramer (generic), Kesimpta (ofatumumab), Mayzent (siponimod), Plegridy (peginterferon beta-1a), teriflunomide (generic), Zeposia (ozanimod)

Non-preferred: Aubagio (teriflunomide), Bafiertam (monomethyl fumarate), Briumvi (ublituximab), cladribine (generic), Copaxone (glatiramer), Gilenya (fingolimod), Glatopa (glatiramer), Lemtrada (alemtuzumab), Mavenclad (cladribine), Ocrevus (ocrelizumab), Ocrevus Zunovo (ocrelizumab and hyaluronidase injection), Ponvory (ponesimod), Rebif and Rebif Rebidose (interferon beta-1a), Tascenso ODT (fingolimod), Tecfidera (dimethyl fumarate), Tysabri (natalizumab), Vumerity (diroximel fumarate)

Date of Origin: 5/26/2020

Date Last Reviewed / Revised: 10/1/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I-VI are met)

I. Documented diagnosis of multiple sclerosis AND the requested medication is used for an FDA-approved indication, or use is supported by current clinical practice guidelines. Refer to Table 1 for medication specific criteria.

II. The patient meets specific criteria listed for the requested medication in Table 1.

III. If request is for a non-preferred agent, must have a documented trial and failure of, intolerance, or contraindication to two preferred products (refer to plan document for the list of preferred products).

IV. Treatment must be prescribed by or in consultation with a neurologist or a multiple sclerosis physician specialist.

V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

VI. Refer to the plan document for the list of preferred products. If the request is for a brand medication for which a generic is available, there must be a documented treatment failure or contraindication to the generic medication.

EXCLUSION CRITERIA

- Coadministration of any multiple sclerosis agent with any other disease-modifying therapy for the treatment of multiple sclerosis therapy.

  For Gilenya, Mayzent, Ponvory and Zeposia, the patient has no myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or Class III or IV heart failure in the last 6 months..

OTHER CRITERIA

- Table 1

Agents/How Supplied	Medication Specific Criteria	Dosing/Quantity Limits
Injectable and Infusions Agents		
Avonex (interferon beta-1a) • 30 mcg/0.5ml single-dose prefilled syringe/autoinjector	○ CIS, RRMS, SPMS ○ ≥ 18 years	Dosing: • 30 mcg IM once per week or may be started at 7.5 mcg for the first week and increased by 7.5 mcg each week for the next 3 weeks until reach recommended dose of 30 mcg per week • Quantity limit: One box (4 prefilled syringes or autoinjectors) / 28 days)
Betaseron(interferon beta-1b) • 0.3 mg single-dose vial	○ CIS, RRMS, SPMS ○ ≥ 18 years	Dosing: • 0.25 mg SC every other day (generally started at 0.0625mg every other day increasing over a 6 week period to 0.25mg every other day) Quantity limit: • One box (14 injections) /28 days
Briumvi (ublituximab)	○ CIS, RRMS, SPMS ○ ≥ 18 years	Dosing: • Initial doses: 150mg IV on day 1, followed by 450mg two weeks later

• 150 mg/6 mL (25 mg/mL) single-dose vial		• Mantenance dose: 450mg IV administered 24 weeks after initial infusion and every 24 weeks thereafter Quantity limit: • Loading dose: 24 mL (4 vials) / 24 weeks • Maintence dose: 18 mL (3 vials) / 24 weeks
Copaxone, Glatopa (glatiramer) • 20 mg/mL single-dose prefilled syringe • 40 mg/mL single-dose prefilled syringe	○ CIS, RRMS, SPMS ○ ≥ 18 years	Dosing: • 20mg/mL: 20 mg SC once daily • 40 mg/mL: 40 mg SC 3 times per week Quantity limits: • 20mg/mL: 30 mL (30 prefilled syringes) / 30 days • 40 mg/mL: 12 mL (12 prefilled syringes) / 28 days
Kesimpta (ofatumumab) • 20 mg/0.4 mL solution in a single-dose prefilled pen or syringe	○ CIS, RRMS, SPMS ○ ≥ 18 years	Dosing: • Loading dose: 20 mg SC at Week 0, 1, and 2 • Maintenance dose: 20 mg SC monthly starting at week 4 Quantity limits: • Loading dose: 1.2 mL (3 prefilled pens or syringes) / 28 days • Maintenance dose: 0.4 mL (1 prefilled pen or syringe) / 28 days
Lemtrada (alemtuzumab) • 12 mg/1.2 mL (10 mg/mL) in a single-dose vial	○ RRMS, SPMS ○ ≥ 18 years	Dosing • Initial treatment of 2 courses: ○ First course: 12 mg/day IV on 5 consecutive days ○ Second course:12 mg / day IV for 3 consecutive days 12 months later

		• Subsequent treatment courses: ○ 12mg / day IV on 3 consecutive days as needed at least 12 months after the last dose of any prior treatment course Quantity limits: • First course: 6 mL (5 vials) / 12 months • Second course and subsequent courses: 3.6 mL (3 vials) /12 months

Ocrevus (ocrelizumab),
• 300 mg/10 mL (30 mg/mL) in a single-dose vial
	○ Adults (≥ 18 years): PPMS, CIS, RRMS, SPMS
	○ Pediatrics (≥10 years weighing 25kg or more): RRMS
		Dosing
		• Adult and pediatric patients (10 years of age and older) weighing 35 kg or more:
		  ○ Initial doses: 300 mg IV on day 1, followed by 300 mg IV 2 weeks later
		  ○ Subsequent doses: 600 mg IV every 6 months
		• Pediatric patients (10 years of age and older) weighing 25 kg to less than 35 kg:
		  ○ Initial doses: 150mg IV on day 1, followed by 150mg IV 2 weeks later
		  ○ Subsequent doses: 300mg IV every 6 months
		Quantity limits:
		• Adult and pediatric patients (10 years of age and older) weighing 35 kg or more:
		  ○ Initial doses and subsequent doses: 20 mL (2 vials) / 6 months

		• Pediatric patients (10 years of age and older) weighing 25 kg to less than 35 kg:
		  ○ Initial doses: 20 mL (2 vials) / 6 months
		  ○ Subsequent doses: 10 mL (1 vial) /6 months

Ocrevus Zunovo (ocrelizumab and hyaluronidase injection) • 920 mg ocrelizumab and 23,000 units hyaluronidase per 23 mL (40 mg and 1,000 units per mL) solution in a single-dose vial	○ PPMS, CIS, RRMS, SPMS ○ ≥ 18 years	Dosing: • 920 mg ocrelizumab and 23,000 units of hyaluronidase SC every 6 months. Quantity limits: • 23 mL (1 vial) / 6 months
Plegridy (peginterferon beta-1a) • SC: 63 mcg / 0.5 mL and 94 mcg / 0.5 mL (starter pack), 125 mcg / 0.5 mL single-dose prefilled pen/syringe • IM: 125 mcg/0.5 mL solution single-dose prefilled syringe and titration kit	○ CIS, RRMS, SPMS ○ ≥ 18 years	Dosing: • Loading dose: 63 mcg SC/IM on day 1, 94 mcg SC/IM on day 15 • Maintenance dose: 125 mcq SC/IM every 14 days starting on day 29 and thereafter Quantity limits: • Loading dose: 1 mL (starter pack/titration kit containing one 63mcg pen/syringe and one 94 mcg pen/syringe) / 28 days • Maintenance dose: 1 mL (2 prefilled syringes) / 28 days

Rebif, Rebif Rebidose (interferon beta-1a)
• 8.8 mcg/0.2 mL, 22 mcg/0.5mL, 44 mcg/0.5 mL single-dose prefilled syringe/autoinjector
	○ CIS, RRMS, SPMS
	○ ≥ 18 years
		Dosing:
		• Initial titration:
		  ○ 22 mcg prescribed dose:
		  ▪ Weeks 1 and 2: 4.4 mcg 3 times per week

• Titration pack: Six 8.8 mcg prefilled syringe/autoinjectors and Six 22 mcg prefilled syringe/autoinjectors		▪ Weeks 3 and 4: 11 mcg 3 times per week o 44 mcg prescribed dose: ▪ Weeks 1 and 2: 8.8 mcg 3 times per week ▪ Weeks 3 and 4: 22 mcg 3 times per week • Maintenance dosing: o 22 mg or 44 mcg SC 3 times per week Quantity limits: • Loading dose: o 4.2 mL (one Rebif or Rebif Rebidose titration pack) /28 days • Maintenance dosing: o 12 mL (Twelve 22 mcg or 44 mcgprefilled syringes/autoinjector)s/28 days)
Tysabri (natalizumab) Tyruko ((natalizumab-sztn) • 300 mg/15 mL (20 mg/mL) solution in a single-dose vial for dilution	o CIS, RRMS, SPMS o ≥ 18 years	Dosing: • 300 mg IV infusion every 4 weeks Quantity limits: • 15 mL (0ne 300mg vial) / 28 days
Oral Agents		
Aubagio and generics (teriflunomide) • 7 mg and 14 mg film-coated tablets	o CIS, RRMS, SPMS o ≥ 18 years o Will not be used with leflunomide	Dosing: • 7 or 14 mg orally once daily Quantity limits: • 30 tablets/30 days)
(monomethyl fumarate) • 95 mg delayed-release capsules	o CIS, RRMS, SPMS o ≥ 18 years o Treatment failure or contraindication to	Dosing: • Starting dose: o 95 mg orally twice daily for 7 days

	generic Tecfidera (dimethyl fumarate)	• Maintenance dose: ○ 190 mg orally twice a day starting day 7 and thereafter Quantity limits: • 120 capsules/30 days)

Gilenya and generics, Tascenso ODT, (fingolimod)
 	
• 0.25 mg, 0.5 mg hard capsules
• 0.25 mg, 0.5 mg orally disintegrating tablet (ODT)
	○ CIS, RRMS, SPMS
	○ ≥ 10 years
		Dosing:
		
		• Adults and pediatrics (≥10 years of age and >40 kg):
		  ○ 0.5 mg orally once daily
		
		• Pediatric (≥10 years of age and ≤40 kg:
		  ○ 0.25 mg orally once daily
		  ○
		
		Quantity limits:
		
		• 30 capsules or ODT / 30 days

Mavenclad and generics (cladribine)
 	
• 10 mg tablets in boxes of 4, 5, 6, 7, 8, 9, and 10 tablets
	○ RRMS, SPMS
	○ ≥ 18 years
	○ Patient does not have clinically isolated syndrome
	○ Must have documented treatment failure or contraindication to all the preferred products
		Dosing:
		
		• 3.5 mg/kg body orally and divided into two yearly treatment courses. Each treatment course consists of two 1.75mg/kg treatment cycles. Dose is administered as 1 or 2 tablets daily over 4 or 5 consecutive days (refer to Table 1 Appendix). Daily dose limit for each treatment cycle is 20 mg/day
		  ○ First treatment course:
		  ▪ First course/first cycle: start at any time
		  ▪ First course/second cycle: administer 23 to 27 days after the last dose of first course/first cycle
		  ○ Second treatment course:
		  ▪ Second course/first cycle: administer at least 43 weeks after the last dose of first course/second cycle

		▪ Second course/second cycle: administer 23 to 27 days after the last dose of decond course/first cycle. . Quantity limits: • Quantity sufficient for treatment course (refer to Table 1 Appendix).
Mayzent (siponimod) • 0.25 mg (starter packs), 1 mg, and 2 mg tablets	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Documentation of CYP2C9 genotype determination	Dosing: • CYP2C9 Genotype *1/*1, *1/*2, or *2/*2: ○ Initial titration: ▪ Days 1 and 2: 0.25 mg orally once daily ▪ Day 3:0.5 mg orally once daily ▪ Day 4: 0.75 mg orally once daily ▪ Day 5:1.25 mg orally once daily ○ Maintenance: ▪ 2 mg orally once daily, beginning on Day 6 • CYP2C9 Genotype *1/*3 or *2/*3: ○ Initial titration: ▪ Days 1 and 2: 0.25 mg orally once daily ▪ Day 3: 0.5 mg orally once daily ▪ Day 4: 0.75 mg orally once daily ▪ ○ Maintenance: ▪ 1 mg orally once daily, beginning on Day 5 Quantity limits: • Initial titration: ○ One starter pack ▪ 1 mg maintenance dose: seven 0.25 mg tablets/4 days

		▪ 2 mg maintenance dose: twelve 0.25 mg tablets/5 days ▪ • Maintenance: 30 tablets/30 days
Ponvory (ponesimod) • Starter pack: 2 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7 mg, 8 mg, 9 mg, 10 mg, • Maintenance: 20 mg tablets	○ CIS, RRMS, SPMS ○ ≥ 18 years	Dosage: • Initial titration:refer to Table 2 in Appendix • Maintenance: 20 mg once daily starting on day 15 Quantity limits: • Initial titration: 14 tablets (one Ponvory starter pack) / 14 days) • Maintenance: 30 tablets/ 30 days
Tecfidera and generics (dimethyl fumarate) • 120 mg and 240 mg delayed-release capsules	○ CIS, RRMS, SPMS ○ ≥ 18 years	Dosage: • Starting dose: ○ 120 mg orally twice daily for 7 days • Maintenance: ○ 240 mg orally twice daily beginning on day 8. Quantity limits: • Starting dose: ○ 60 capsules (fourteen 120 mg capsules and forty-six 240 mg capules or one starter pack) / 30 days ○ Maintenance:Sixty 240 mg capsules/30 days
Vumerity (diroximel fumarate) • 231 mg delayed-release capsules	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Treatment failure or contraindication to	Dosage: • Starting dose: ○ 231 mg orally twice daily for 7 days

	generic Tecfidera (dimethyl fumarate)	• Maintenance:
		  ○ 462 mg orally twice daily beginning on day 8
		
		Quantity limits:
		
		• Starting dose:
		  ○ 106 capsules/30 days
		
		  ○ Maintenance dose:120 capsules/30 days

Zeposia (ozanimod)
 	
0.23 mg, 0.46 mg, 0.92 mg capsules
	○ CIS, RRMS, SPMS
	○ ≥ 18 years
		Dosage:
		
		• Initial titration:
		  ○ Days 1-4: 0.23 mg orally once daily
		  ○ Days 5-7: 0.46 mg orally once daily
		• Maintenance:
		  ○ 0.92 mg orally once daily beginning on day 8 and thereafter
		  ○ Mild to moderate hepatic impairment (Child-Pugh class A or B): 0.92 mg orally once every other day beginning on day 8
		
		Quantity limits:
		
		• Initial titration:
		  ○ 7 capsule (one starter kit - contains four 0.23 mg capsules and three 0.46 mg capsules)/ 7days or 28 capsules (one starter kit - contains four 0.23 mg capsules, three 0.46 mg capsules, and twenty-one 0.92 mg capsules)/ 28 days
		
		• Maintenance:

		○ Thirty 0.92 mg capsules/30 days
Abbreviations: CIS, clinically isolated syndrome; IM, intramuscularly; IV, intravenously; PPMS, primary progressive multiple sclerosis; RRMS, relapsing-remitting multiple sclerosis; SC, subcutaneously; SPMS, secondary progressive multiple sclerosis;		

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Requested quantities not exceeding dosing limits listed in Other Criteria Table 1 and Tables 1 and 2 in Appendix.

APPROVAL LENGTH

- **Authorization:**
  - Generic cladribine and Mavenclad: 2 months
  - All other drugs: 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing that current medical necessity criteria are met and that the medication is effective.

  NOTE:

  - Lemtrada will not be authorized for more than a total of 2 treatment courses.
  - Generic cladribine and Mavenclad will not be authorized for more than the two yearly treatment courses.

APPENDIX

Table 1: Dose of Mavenclad per Cycle by Weight in Each Treatment Course

Weight Range	**Dose in mg (Number of 10 mg Tablets) per Cycle**	
Kg	First Cycle	Second Cycle
40[a] to less than 50	40 mg (4 tablets)	40 mg (4 tablets)
50 to less than 60	50 mg (5 tablets)	50 mg (5 tablets)
60 to less than 70	60 mg (6 tablets)	60 mg (6 tablets)
70 to less than 80	70 mg (7 tablets)	70 mg (7 tablets)
80 to less than 90	80 mg (8 tablets)	70 mg (7 tablets)
90 to less than 100	90 mg (9 tablets)	80 mg (8 tablets)
100 to less than 110	100 mg (10 tablets)	90 mg (9 tablets)
110 and above	100 mg (10 tablets)	100 mg (10 tablets)

[a] The use of Mavenclad in patients weighing less than 40 kg has not been investigated.

Table 2. Ponvory Dose Titration Regimen

Titration Day	Daily Dose
Days 1 and 2	2 mg
Days 3 and 4	3 mg
Days 5 and 6	4 mg
Day 7	5 mg
Day 8	6 mg
Day 9	7 mg
Day 10	8 mg
Day 11	9 mg
Days 12, 13, and 14	10 mg

REFERENCES

1. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2018;90(17):777-788. doi: 10.1212/WNL.0000000000005347. Erratum in: Neurology. 2019;92(2):112. doi: 10.1212/WNL.0000000000006722
2. Rae-Grant A, Day GS, Marrie RA, et al. Comprehensive systematic review summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2018;90(17):789-800. doi: 10.1212/WNL.0000000000005345. Erratum in: Neurology. 2019;93(17):769. doi: 10.1212/WNL.0000000000008374
3. Aubagio. Prescribing information. Genzyme Corporation; 2024. Accessed August 20, 2026. http://products.sanofi.us/Aubagio/Aubagio.pdf
4. Avonex. Prescribing information. Biogen Inc; 2023. Accessed August 20, 2026. https://www.avonex.com/content/dam/commercial/avonex/pat/en_us/pdf/Avonex_US_Prescribing_Information.pdf
5. Bafiertam. Prescribing information. Banner Life Sciences LLC; 2026. Accessed August 20, 2026. https://www.bafiertam.com/wp-content/uploads/2026/08/Bafiertam-FPI-0050-HCP-MMF.pdf
6. Betaseron. Prescribing information. Bayer HealthCare Pharmaceuticals Inc; 2025. Accessed August 20, 2026. http://labeling.bayerhealthcare.com/html/products/pi/Betaseron_PI.pdf
7. Briumvi. Prescribing information. TG Therapeutics Inc. 2026. Accessed August 20, 2026. https://www.tgtherapeutics.com/label-prescribing-info/uspi-briumvi.pdf
8. Copaxone. Prescribing information. Teva Pharmaceuticals; 2026. Accessed August 20, 2026. https://www.copaxone.com/globalassets/copaxone/prescribing-information.pdf
9. Gilenya. Prescribing information. Novartis Pharmaceuticals Corporation; 2025. Accessed August 20, 2026. https://www.novartis.us/sites/www.novartis.us/files/gilenya.pdf

10. Glatopa. Prescribing information. Sandoz Inc; 2025. Accessed August 20, 2026. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5f01e40a-b6f6-40fb-b37c-3d06f1428e86
11. Kesimpta. Prescribing information. Novartis Pharmaceuticals; 2026. Accessed August 20, 2026. https://www.novartis.us/sites/www.novartis.us/files/kesimpta.pdf
12. Lemtrada. Prescribing information. Genzyme Corporation; 2024. Accessed August 20, 2026. http://products.sanofi.us/Lemtrada/Lemtrada.pdf
13. Mavenclad. Prescribing information. EMD Serono Inc; 2026. Accessed August 20, 2026. https://www.emdserono.com/us-en/pi/mavenclad-pi.pdf
14. Mayzent. Prescribing information. Novartis Pharmaceuticals Corporation; 2026. Accessed August 20, 2026. https://www.novartis.us/sites/www.novartis.us/files/mayzent.pdf
15. Ocrevus. Prescribing information. Genetech Inc; 2026. Accessed August 20, 2026. https://www.gene.com/download/pdf/ocrevus_prescribing.pdf
16. Ocrevus Zunuvo. Prescribing information. Genetech Inc; 2026. Accesssed August 2026. https://www.gene.com/download/pdf/ocrevus_zunovo_prescribing.pdf
17. Plegridy. Prescribing information. Biogen Inc; 2023. Accessed August 20, 2026. https://www.plegridy.com/content/dam/commercial/plegridy/pat/en_us/pdf/plegridy-prescribing-information.pdf
18. Ponvory. Prescribing information. Vanda Pharmaceuticals Inc. 2024. Accessed August 20, 2026. https://assets.vandapharma.com/Ponvory/ponvory_prescribing_information.pdf
19. Rebif, Rebif Redidose. Prescribing information. EMD Serono Inc; 2023. Accessed August 20, 2026.DailyMed - REBIF- interferon beta-1a kit REBIF REBIDOSE- interferon beta-1a kit REBIF- interferon beta-1a injection, solution REBIF- interferon beta-1a injection, solution REBIF REBIDOSE- interferon beta-1a injection, solution
20. Tascenso ODT. Prescribing information. Cycle Pharmaceuticals Ltd.
21. Tecfidera. Prescribing information. Biogen Inc; 2024. Accessed August 20, 2026. https://www.tecfidera.com/content/dam/commercial/tecfidera/pat/en_us/pdf/full-prescribing-info.pdf
22. Tyruko. Prescribing information. Sandoz Inc. 2025. Accessed October 1, 2026. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=ef653c36-dd4b-4e71-9d2d-40b8fea24b67&type=display
23. Tysabri. Prescribing information. Biogen Inc; 2025. Accessed August 20, 2026. https://www.tysabri.com/content/dam/commercial/tysabri/pat/en_us/pdf/tysabri_prescribing_information.pdf
24. Vumerity. Prescribing information. Biogen Inc; 2024. Accessed August 20, 2026. https://www.vumerity.com/content/dam/commercial/vumerity/pat/en_us/pdf/vumerity-prescribing-information.pdf
25. Zeposia. Prescribing information. Celgene Corporation; 2024. Accessed August 20, 2026. https://packageinserts.bms.com/pi/pi_zeposia.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.