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 and hyaluronidase injection), Plegridy (peginterferon beta-1a), Ponvory (ponesimod), Rebif (interferon beta-1a), Tecfidera (dimethyl fumarate), 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 (interferon beta-1a), Tecfidera (dimethyl Fumarate), Tysabri (natalizumab), Vumerity (diroximel fumarate)

Date of Origin: 5/26/2020

Date Last Reviewed / Revised: 12/15/2025

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. The patient has no known contraindication to the requested agent.

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.
- Medication specific treatment exclusion as noted in Table 1.

OTHER CRITERIA

- Table 1

Agents	Medication Specific Criteria	Dosing Limits
Injectable and Infusions Agents		
Avonex (interferon beta-1a)	○ CIS, RRMS, SPMS ○ ≥ 18 years	30 mcg IM once per week (4 injections per 28 days)
Betaseron(interferon beta-1b)	○ CIS, RRMS, SPMS ○ ≥ 18 years	0.25 mg SC every other day (14 injections per 28 days)
Briumvi(Ublituximab)	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Must be screened for Hep B and does not have an active Hepatitis B infection ○ Serum immunoglobulin screening completed	150mg on day 1, followed by 450mg two weeks later, subsequent dose of 450mg administered once every 24 weeks thereafter
Copaxone, Glatopa (glatiramer)	○ CIS, RRMS, SPMS ○ ≥ 18 years	20 mg SC once daily (30 injections per 30 days) or 40 mg SC 3 times per week (12 injections per 28 days)
Kesimpta (ofatumumab)	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Must be screened for Hepatitis B and does not have an active Hepatitis B infection ○ Serum immunoglobulin screening completed	Loading: 20 mg administered at Week 0, 1, and 2 Maintenance: 20 mg SC monthly starting at week 4

	○ Must not be pregnant or plan to become pregnant	
Lemtrada (alemtuzumab)	○ RRMS, SPMS ○ ≥ 18 years ○ Must not be infected with HIV ○ CBC and serum creatinine levels ○	12 mg/day IV on 5 consecutive days (total 60 mg) then 12 mg IV daily for 3 consecutive days (total 36 mg)12 months later
Ocrevus (ocrelizumab), Ocrevus Zunovo (ocrelizumab and hyaluronidase injection)	○ PPMS, CIS, RRMS, SPMS ○ ≥ 18 years ○ Must be screened for Hep B and does not have an active Hepatitis B infection ○ Serum immunoglobulin screening completed	Ocrevus: 300 mg IV on day 1, followed by 300 mg IV 2 weeks later, subsequent doses of 600 mg IV are administered once every 6 months (beginning 6 months after the first 300 mg dose) Ocrevus Zunovo: 920 mg/23,000 units (920 mg ocrelizumab and 23,000 units of hyaluronidase) subcutaneous in the abdomen every 6 months.
Plegridy (peginterferon beta-1a)	○ CIS, RRMS, SPMS ○ ≥ 18 years	Loading: 63 mcg SC on day 1, 94 mcg SC on day 15, then 125 mcg SC on day 29 Maintenance: 2 injections per 28 days.
Rebif (interferon beta-1a)	○ CIS, RRMS, SPMS ○ ≥ 18 years	44 mcg SC 3 times per week (12 injections per 28 days)
Tysabri (natalizumab)	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Must be evaluated for anti-JCV (John Cunningham virus) antibody test (ELISA [enzyme-linked immunosorbent assay])	300 mg IV infusion every 4 weeks
Oral Agents		

Aubagio (neriflunomide)	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Must not be pregnant ○ Must be screened for TB and does not have an active or latent TB ○ Will not be used with leflunomide ○ Must not have hepatic impairment (baseline LFT, bilirubin levels), and CBC completed	7 or 14 mg orally once daily (30 tablets per 30 days)
Bafiertam (monomethyl fumarate)	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Must not have hepatic impairment (baseline LFT, bilirubin levels) ○ Lymphocyte count, and CBC completed	190 mg twice a day (120 capsules of 95 mg capsule per 30 days)
Gilenya (fingolimod)	○ CIS, RRMS, SPMS ○ ≥ 10 years ○ Baseline LFT, bilirubin levels, and CBC must be completed ○ Must be screened for TB and does not have an active or latent TB ○ There is no acute or chronic infection ○ Must not be pregnant or plan to become pregnant	30 capsules per 30 days Adults: 0.5 mg orally once daily Pediatric: ≥10 years of age and ≤40 kg: 0.25 mg orally once daily ≥10 years of age and >40 kg: 0.5 mg orally once daily
Mavenclad (cladribine)	○ RRMS, SPMS ○ ≥ 18 years ○ Patient does not have a current malignancy ○ Patient does not have clinically isolated syndrome ○ Must not be pregnant or plan to become pregnant ○ Must be evaluated for anti-JCV (John Cunningham virus) antibody test (ELISA [enzyme-linked immunosorbent assay]) ○ Must have documented treatment failure or contraindication to all the preferred product(s)	3.5 mg/kg body orally and divided into two yearly treatment courses, administered as 1.75mg /kg per treatment course. Each treatment course is divided into two treatment cycles. Each treatment cycle is no more than 20 mg/day administered over 4 or 5 consecutive days.

Mayzent (siponimod)	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Baseline LFT, bilirubin levels, and CBC must be completed ○ Must be screened for TB and does not have an active or latent TB ○ Baseline ECG is completed ○ There is no acute or chronic infection ○ Must not be pregnant or plan to become pregnant	CYP2C9 Genotype *1/*1, *1/*2, or *2/*2: 0.25 mg orally once daily on Days 1 and 2, then 0.5 mg once daily on Day 3, then 0.75 mg once daily on Day 4, then 1.25 mg once daily on Day 5, then 2 mg once daily, beginning on Day 6 CYP2C9 Genotype *1/*3 or *2/*3: 0.25 mg orally once daily on Days 1 and 2, then 0.5 mg once daily on Day 3, then 0.75 mg once daily on Day 4, then 1 mg once daily, beginning on Day 5
Ponvory (ponesimod)	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Baseline LFT, bilirubin levels, and CBC must be completed ○ Must be screened for TB and does not have an active or latent TB ○ There is no acute or chronic infection ○ Must not be pregnant or plan to become pregnant	Initial Dosage: One Ponvory Starter Pack (14 tablets per 14 days) Maintenance: 20 mg once daily (30 tablets per 30 days)
Tecfidera (dimethyl fumarate)	○ CIS, RRMS, SPMS ○ ≥ 18 years	240 mg orally twice daily (60 capsules per 30 days)
Vumerity (diroximel fumarate)	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Baseline LFT, bilirubin levels, and CBC must be completed ○ Treatment failure or contraindication to generic Tecfidera (dimethyl fumarate)	462 mg orally twice daily (120 capsules per 30 days)
Zeposia (ozanimod)	○ CIS, RRMS, SPMS ○ ≥ 18 years ○ Baseline LFT, bilirubin levels, and CBC must be completed	0.92 mg once daily (30 capsules per 30 days)

	○ Must be screened for TB and does not have an active or latent TB ○ There is no acute or chronic infection ○ Must not be pregnant or plan to become pregnant ○ Patient has no history of severe sleep apnea	
IV: intravenously. SC: subcutaneously. IM: intramuscularly. LFT: liver function test. CBC: complete blood count. ECG: electrocardiogram. TB: tuberculosis. CIS: clinically isolated syndrome. PPMS: primary progressive multiple sclerosis. RRMS: relapsing-remitting multiple sclerosis. SPMS: secondary progressive multiple sclerosis.		

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Requested quantities not exceeding dosing limits listed in Table 1.

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.

  - All required drug safety monitoring for the requested medication listed in Table 1 has been completed.

APPENDIX

N/A

REFERENCES

1. A. 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 [published correction appears in Neurology. 2019 Jan 8;92(2):112]. *Neurology*. 2018;90(17):777-788. Accessed December 15, 2025. https://n.neurology.org/content/90/17/777.long#sec-4.
2. Aubagio. Prescribing information. Genzyme Corporation. 2024. Accessed December 15, 2025. http://products.sanofi.us/Aubagio/Aubagio.pdf.
3. Avonex. Prescribing information. Biogen Inc. 2023. Accessed December 15, 2025. https://www.avonex.com/content/dam/commercial/avonex/pat/en_us/pdf/Avonex_US_Prescribing_Information.pdf.
4. Copaxone. Prescribing information. Teva Pharmaceuticals. 2025. Accessed December 15, 2025. https://www.copaxone.com/globalassets/copaxone/prescribing-information.pdf.
5. Betaseron. Prescribing information. Bayer HealthCare Pharmaceuticals Inc. 2025. Accessed December 15, 2025. http://labeling.bayerhealthcare.com/html/products/pi/Betaseron_PI.pdf.
6. DynaMed. Multiple Sclerosis (MS). EBSCO Information Services. Accessed December 15, 2025. https://www.dynamed.com/condition/multiple-sclerosis-ms.
7. Gilenya. Prescribing information. Novartis Pharmaceuticals Corporation. 2024. Accessed October 15, 2024. https://www.novartis.us/sites/www.novartis.us/files/gilenya.pdf.
8. Glatopa. Prescribing information. Sandoz Inc. 2025. Accessed December 15, 2025. https://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=5f01e40a-b6f6-40fb-b37c-3d06f1428e86.
9. Lemtrada. Prescribing information. Genzyme Corporation. 2024. Accessed December 15, 2025. http://products.sanofi.us/Lemtrada/Lemtrada.pdf.
10. Farez MF, Correale J, Armstrong MJ, et al. Practice guideline update summary: Vaccine-preventable infections and immunization in multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2019;93(13):584-594. Accessed December 15, 2025. https://n.neurology.org/content/93/13/584.long.
11. Mavenclad. Prescribing information. EMD Serono Inc. 2024. Accessed December 15, 2025. https://www.emdserono.com/us-en/pi/mavenclad-pi.pdf. https://www.emdserono.com/us-en/pi/mavenclad-pi.pdf.
12. Mayzent. Prescribing information. Novartis Pharmaceuticals Corporation. 2025. Accessed December 15, 2025. https://www.novartis.us/sites/www.novartis.us/files/mayzent.pdf.
13. National Multiple Sclerosis Society. Treating MS. Accessed December 15, 2025. https://www.nationalmssociety.org/Treating-MS.
14. Ocrevus. Prescribing information. Genetech Inc. 2025. Accessed December 15, 2025. https://www.gene.com/download/pdf/ocrevus_prescribing.pdf.
15. Plegridy. Prescribing information. Biogen Idec Inc. 2023. Accessed December 15, 2025. https://www.plegridy.com/content/dam/commercial/plegridy/pat/en_us/pdf/plegridy-prescribing-information.pdf.
16. Rebif. Prescribing information. EMD Serono Inc. 2023. Accessed December 15, 2025. http://www.emdserono.com/ms.country.us/en/images/Rebif_PI_tcm115_140051.pdf?Version=.

17. Tecfidera. Prescribing information. Biogen Inc. 2024. Accessed December 15, 2025. https://www.tecfidera.com/content/dam/commercial/tecfidera/pat/en_us/pdf/full-prescribing-info.pdf.
18. The Benefits of and Considerations for Using Disease-Modifying Therapies (DMTs) for Multiple Sclerosis. Accessed December 15, 2025. Disease Modification & DMT's for MS | National MS Society.
19. Tysabri. Prescribing information. Biogen Inc. 2025. Accessed December 15, 2025. https://www.tysabri.com/content/dam/commercial/tysabri/pat/en_us/pdf/tysabri_prescribing_information.pdf.
20. Vumerity. Prescribing information. Biogen Inc. 2024. Accessed December 15, 2025. https://www.vumerity.com/content/dam/commercial/vumerity/pat/en_us/pdf/vumerity-prescribing-information.pdf.
21. Zeposia. Prescribing information. Celgene Corporation. 2024. Accessed December 15, 2025. https://packageinserts.bms.com/pi/pi_zeposia.pdf.
22. Bafiertam. Prescribing information. Banner Life Sciences LLC. 2025. Accessed December 15, 2025. https://bafiertam.com/pdf/bafiertam-prescribing-information.pdf.
23. Kesimpta. Prescribing information. Novartis Pharmaceuticals. 2025. Accessed December 15, 2025. https://www.novartis.us/sites/www.novartis.us/files/kesimpta.pdf.
24. Ponvory. Prescribing information. Vanda Pharmaceuticals Inc. 2024. Accessed December 15, 2025. https://assets.vandapharma.com/Ponvory/ponvory_prescribing_information.pdf.
25. Briumvi. Prescribing information. TG Therapeutics Inc. 2022. Accessed December 15, 2025. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761238s000lbl.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.