

## **MULTIPLE SCLEROSIS (MS) INJECTABLE DRUGS**

**Avonex, Rebif** (interferon beta-1a); **Plegridy** (peginterferon beta-1a); **Betaseron**, Extavia (interferon beta-1b); Copaxone\*(**glatiramer acetate**), **Glatopa (glatiramer acetate)**

Preferred MS injectable products: Avonex, Rebif, Plegridy, Betaseron, generic glatiramer acetate and Glatopa.

\*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

### **Pre - PA Allowance**

None

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### **Prior-Approval Requirements**

**Age** 18 years of age and older

#### **Diagnosis**

Patient must have the following:

1. Relapsing Multiple Sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease
  - a. **NOT** used in combination with another MS disease modifying agent
  - b. **NOT** given concurrently with live vaccines
2. **Extavia only:** Patient **MUST** have tried generic Copaxone: glatiramer acetate **AND ONE** of the other preferred MS medications (see Appendix 1) unless the patient has a valid medical exception (e.g. inadequate treatment response, intolerance, contraindication)

### **Prior - Approval Limits**

**Duration** 2 years

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### **Prior – Approval Renewal Requirements**

Same as above

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Same as above

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### Appendix 1 - List of Preferred Multiple Sclerosis (MS) Medications

Medication Name	Route of Administration
Avonex	Injectable
Betaseron	Injectable
<b>glatiramer acetate* (generic Copaxone)</b> *must try this drug plus one other preferred MS medication oral or injectable	Injectable
Glatopa	Injectable
Plegridy	Injectable
Rebif	Injectable

Medication Name	Route of Administration
Aubagio	Oral**
dimethyl fumarate (generic Tecfidera)	Oral**
Gilenya	Oral**
Mayzent	Oral**
Zeposia	Oral**

\*\* indicates separate criteria will need to be met