

What is multiple sclerosis?

Multiple sclerosis (MS) is a chronic, disabling condition that affects the nervous system. It occurs when your own immune system attacks and damages the nerves that are used to communicate between the brain and the rest of your body. The result of this impaired communication can include an impairment in movement, increased fatigue, vision issues, and slurred speech, among other things. Symptoms can vary widely among individuals. There are different types of MS, each with differing disease onset, progression patterns, and treatment options.

What are the treatment options for multiple sclerosis?

Although there is no cure to MS, certain medications, known as disease modifying therapies (DMTs), may modify the disease and reduce or slow relapse rate. Additional medications can help manage symptoms. The following tables show available DMTs for the treatment of MS.

Table 1: UMP-preferred MS medications

Medication	Ingredient name	Self- or provider-administered	PA required?	Route of admin
Avonex	interferon beta-1a	Self	No	IM
Dimethyl fumarate	dimethyl fumarate	Self	No	Oral
Gilenya	fingolimod	Self	No	Oral
Glatopa	glatiramer acetate	Self	No	SC
Glatiramer	glatiramer acetate	Self	No	SC
Ocrevus	ocrelizumab	Provider	Yes	IV
Ruxience	rituximab-pvvr	Provider	No	IV
Tysabri	natalizumab	Provider	Yes	IV

IV: intravenous **SC:** subcutaneous **IM:** intramuscular

Table 2: UMP-non-preferred MS medications

Medication	Ingredient name	Self- or provider-administered	PA required?	Route of admin
Aubagio	teriflunomide	Self	Yes	Oral
Bafiertam	monomethyl fumarate	Self	Yes	Oral
Betaseron	interferon beta-1b	Self	Yes	SC
Copaxone	glatiramer acetate	Self	Yes	SC
Extavia	interferon beta-1b	Self	Yes	SC
Kesimpta	ofatumumab	Self	Yes	SC
Lemtrada	alemtuzumab	Provider	Yes	IV
Mavenclad	cladribine	Self	Yes	Oral
Mayzent	siponimod	Self	Yes	Oral
Mitoxantrone	mitoxantrone	Provider	No	IV
Plegridy	peginterferon beta-1a	Self	Yes	SC
Rebif	interferon beta-1a	Self	Yes	SC
Rituxan	rituximab	Provider	Yes	IV
Tecfidera	dimethyl fumarate	Self	Yes	Oral
Truxima	rituximab-abbs	Provider	Yes	IV
Vumerity	diroximel fumarate	Self	Yes	Oral
Zeposia	ozanimod	Self	Yes	Oral

IV: intravenous SC: subcutaneous

Rx coverage for self-administered MS therapies

There is no pre-authorization for preferred self-administered treatment options. You may begin using a preferred self-administered therapy for treatment of your MS without any additional requirements.

Non-preferred self-administered drugs may be approved if treatment with two preferred self-administered therapies (referenced in Table 1) was not effective, not tolerated or contraindicated.

Brand-name medications with generic equivalents may be approved if treatment with at least two generic manufacturers of the product being requested AND all other preferred agents are not effective.

NOTE: The full coverage criteria for self-administered MS therapies is available at hca.wa.gov/assets/pebb/moda-ump-preauthreqs.pdf.

Medical coverage for provider-administered MS therapies

Ruxience

There is no pre-authorization for Ruxience. You may begin Ruxience for treatment of your MS without any additional requirements.

Tysabri

Tysabri may be approved if you have a diagnosis of a relapsing form of MS that is established by your doctor (neurologist) and treatment with **two preferred self-administered therapies** (referenced in Table 1) was not effective, was not tolerated, or was contraindicated.

Note: The requirement for failure of two preferred self-administered options may be waived if you have an aggressive form of MS.

Lemtrada

Lemtrada may be approved if you have a diagnosis of a relapsing form of MS that is established by your doctor (neurologist) and treatment with **two preferred self-administered therapies** (referenced in Table 1) was not effective, was not tolerated, or was contraindicated.

Ocrevus

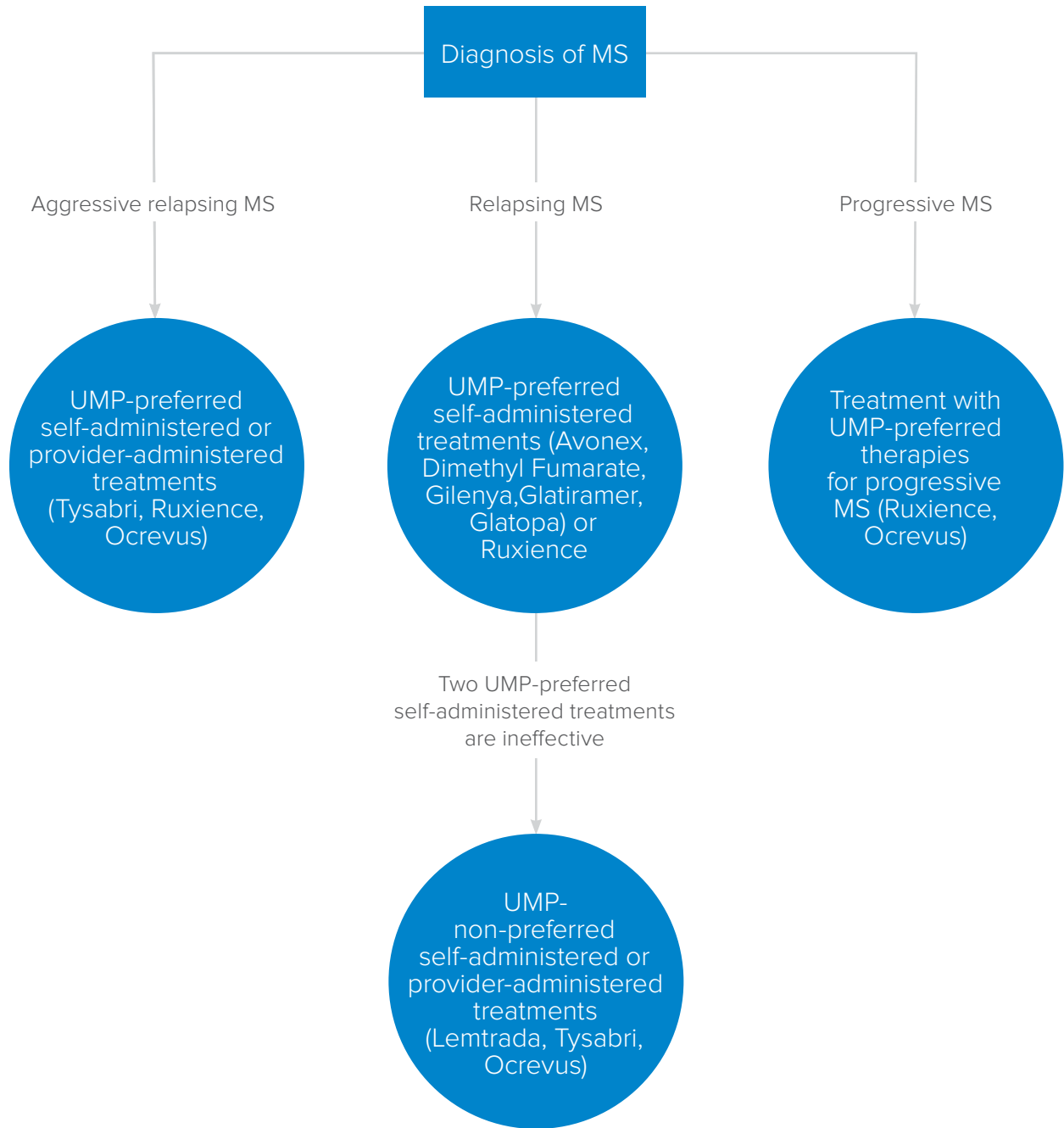
Ocrevus may be approved if you have a diagnosis of primary progressive MS. Ocrevus may be approved if you have a diagnosis of a relapsing form of MS that is established by your doctor (neurologist) and treatment with **two preferred self-administered therapies** (referenced in Table 1) was not effective, was not tolerated, or was contraindicated.

Note: The requirement for failure of two preferred self-administered options may be waived if you have an aggressive form of MS.

Rituxan and Truxima

May be approved if treatment with **all preferred rituximab biosimilars** (e.g. Ruxience) was not effective, was not tolerated, or was contraindicated.

MS coverage guide



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REG-383439-21/03-WA-MS
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