

This policy applies to the following:

	Standard Opt-in	ACSF		VF	✓	Marketplace
	Standard Opt-in NTMB	PDPD		MMT		Medical Benefit
	Standard Opt-out	Generics First				Medical Benefit: Managed Medicaid

Reference #
2332-D

EXCEPTIONS CRITERIA MULTIPLE SCLEROSIS

Preferred Products: Aubagio, Betaseron, Copaxone, Gilenya, Rebif, Tecfidera

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the multiple sclerosis products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Multiple sclerosis products

	Products
Preferred	<ul style="list-style-type: none"> • Aubagio (teriflunomide) • Betaseron (interferon beta-1b) • Copaxone (glatiramer) • Gilenya (fingolimod) • Rebif (interferon beta-1a) • Tecfidera (dimethyl fumarate)
Targeted	<ul style="list-style-type: none"> • Avonex (interferon beta-1a) • Extavia (interferon beta-1b) • Plegridy (peginterferon beta-1a)

II. EXCEPTION CRITERIA

Coverage for a targeted product is provided when any of the following criteria is met:

- Member has had documented inadequate responses to treatment with at least TWO preferred products.
- Member has experienced documented intolerable adverse events to at least TWO preferred products.
- Member has documented contraindications to therapy with at least TWO preferred products or any of their components.
- Member is currently receiving therapy with the targeted product, excluding when the targeted product is obtained as samples or via manufacturer's patient assistance programs.

REFERENCES

- Aubagio [package insert]. Cambridge, MA: Genzyme Corporation; November 2016.
- Avonex [package insert]. Cambridge, MA: Biogen Inc.; March 2016.
- Betaseron [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; April 2016.
- Copaxone [package insert]. North Wales, PA: Teva Pharmaceuticals USA, Inc.; August 2016.
- Extavia [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; May 2016.
- Gilenya [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; February 2016.

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7. Plegridy [package insert]. Cambridge, MA: Biogen Inc.; July 2016.
8. Rebif [package insert]. Rockland, MA: EMD Serono Inc.; November 2015.
9. Tecfidera [package insert]. Cambridge, MA: Biogen Inc.; January 2017.