

# Multiple Sclerosis Agents



**Anti-CD20 Antibody:** Briumvi (ublituximab-xiiy), Ocrevus (ocrelizumab)

**Anti-CD52 Antibody:** Lemtrada (alemtuzumab)

**Sphingosine-1 Receptor Modulator:** Gilenya (fingolimod), Mayzent (siponimod)

Lemtrada and Ocrevus are nonformulary for outpatient benefit. PA required on medical benefit.

Tysabri (natalizumab) is found under Anti-alpha-4-integrin Antibodies PA Criteria.

Created: 11/12/2020

Revised: 03/09/2023

Reviewed: 01/12/2023

Updated: 04/01/2023

## All Diagnoses

Initial Criteria		If yes	If no
1.	Is the request being initiated by or under the supervision of a neurologist?	Continue to #2.	Do not approve.
2.	Is use of the requested product supported for treatment in ALL of the following? a. Type of multiple sclerosis (MS), and b. Requested duration of therapy, and c. Age of the member.	Continue to #3.	Do not approve.
3.	Is monotherapy intended with the requested product?	Continue to #4.	Do not approve.
4.	Is the request for Mayzent?	Continue to #5.	Continue to #7.
5.	Has the provider submitted CYP2C9 testing?	Continue to #6.	Do not approve.
6.	Is the dose requested in line with labeling for the member's specific CYP2C9 results?	Continue to #9.	Do not approve.
7.	Is the request for Lemtrada?	Continue to #8.	Continue to #9.

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8.	Has the member failed (continuation of clinical relapses, CNS lesion progression on MRI, or worsening disability) while adherent to therapy on ALL of the following? a. Glatiramer, AND b. A fumarate, AND c. A sphingosine 1-receptor modulator, AND d. An anti-CD20 antibody.	Continue to #9.	Do not approve.
9.	Continue to specific diagnosis.		

## Relapsing-Remitting Multiple Sclerosis (RRMS)

Initial Criteria		If yes	If no
1.	Is the request for fingolimod?	Continue to #3.	Continue to #2.
2.	Has the member failed (continuation of clinical relapses, CNS lesion progression on MRI, or worsening disability) while adherent to therapy on, or have contraindications to dimethyl fumarate?	Continue to #3.	Do not approve.
3.	Approve for life on pharmacy benefit, 12 months on medical benefit, or maximum treatment duration.		

## Primary Progressive Multiple Sclerosis (PPMS)

Initial Criteria		If yes	If no
1.	Are the criteria for all diagnoses met?	Continue to #2.	Do not approve.
2.	Approve for life on pharmacy benefit, 12 months on medical benefit, or maximum treatment duration.		

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## Secondary Progressive Multiple Sclerosis (SPMS)

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of active secondary progressive multiple sclerosis?	Continue to #2.	Do not approve.
2.	Has the member had at least one relapse within the past 2 years?	Continue to #3.	Do not approve.
3.	Is the request for Mayzent?	Continue to #6.	Continue to #4.
4.	Has the member failed (continuation of clinical relapses, CNS lesion progression on MRI, or worsening disability) while adherent to therapy on, or have contraindications to dimethyl fumarate?	Continue to #5.	Do not approve.
5.	Approve for life on pharmacy benefit, 12 months on medical benefit, or maximum treatment duration.		

## All Diagnoses

Renewal Criteria		If yes	If no
1.	Has the provider submitted chart notes documenting response and disease stability, or a statement of medical necessity to continue treatment?	Continue to #2	Do not approve.
2.	Approve for 12 months.		