



Missouri Pharmacy Program – Preferred Drug List



Multiple Sclerosis Agents

Effective 02/01/2006

Revised 10/06/2016

Preferred Agents

- **Aubagio®**
- Avonex® Dose Pack
- Avonex® Pen/Syringe
- Betaseron® Kit
- Copaxone® 20mg
- Gilenya®
- Rebif®
- Rebif Rebidose® Pen

Non-Preferred Agents

- Copaxone® 40mg
- **Extavia®**
- Plegridy®
- Tecfidera®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	
GILENYA and AUBAGIO Oral Therapy available after documented trial on one injectable biologic agent	Drug Prior Authorization Hotline: (800) 392-8030