Missouri Pharmacy Program – Preferred Drug List

Multiple Sclerosis Agents

Effective 02/01/2006
Revised 12/05/2019

Preferred Agents

- Aubagio®
- Avonex® Dose Pack
- Betaseron®
- Copaxone® 20mg Syringe
- Gilenya®
- Rebif®
- Rebif® Rebidose®

Non-Preferred Agents

- Betaseron® Vial
- Copaxone® 40mg Syringe
- Extavia® Kit
- Glatiramer 20mg/ml
- Glatiramer 40mg/ml
- Glatopa® 20mg/ml
- Glatopa® 40mg/ml
- Lemtrada® Vial
- Mavenclad®
- Mayzent®
- Ocrevus®
- Plegridy®
- Tecfidera®
- Tysabri®

Approval Criteria

- Documented compliance on current therapy regimen OR
- Ocrevus available with a diagnosis of Primary Progressive Multiple Sclerosis and documented trial on 1 injectable biologic agent (trial defined as 6 months in past 2 years) (for relapsing disease see criteria below) OR
- Gilenya and Aubagio Oral Therapy available after documented trial on 1 injectable biologic agent OR
- Tecfidera available after documented trial of Gilenya or Aubagio (trial defined as 6 months in 2 years) OR
- Trial on 2 preferred agents with failure to achieve desired therapeutic outcomes as evidenced by one or more of the following:
  - 1 or more relapses;
  - 1 or more new MRI lesions;
  - Patient demonstrates increased disability on a clinical rating scale such as the Expanded Disability Status Scale (EDSS) or the Functional Systems Score (FSS);
  - Documented trial period (6 months) for preferred agents
  - Documented ADE/ADR to preferred agents AND
- Mayzent Available
  - Age ≥ 18 years or older
  - Prescribed by a neurologist or another appropriate specialists
  - Documented diagnosis of MS
  - Absence of:
    - The following conditions in the past 6 months: MI, unstable angina, stroke, TIA OR
- Mobitz type II second, third degree AV block, or sick sinus syndrome without a functioning pacemaker in the past 2 years
  - Prior to therapy: CYP2C9 Genotype determination, CBC, ophthalmic evaluation, electrocardiogram, LFTs and test for varicella zoster virus antibodies OR
- Mavenclad Available
  - Age ≥ 18 years or older
  - Prescribed by a neurologist or another appropriate specialists
  - Documented diagnosis of MS
  - Absence of:
    - History of malignancy
    - Pregnancy/breastfeeding
    - HIV
    - Concurrent use of other disease modifying therapies
  - Limit: 4 boxes per year
  - Prior to therapy: CBC with lymphocytes (lymphocytes must be normal prior to first treatment course, and at least 800 cells per microliter before the second treatment course), tuberculosis screening, hepatitis B and C screening, presence of acute infections, vaccination with varicella zoster vaccine in those who are antibody negative, baseline MRI and LFTs

### Denial Criteria
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030