

# MULTIPLE SCLEROSIS (MS) AGENTS

## PRIOR AUTHORIZATION IS REQUIRED.

### Criteria for Approval for Relapsing Remitting Multiple Sclerosis\*

For a nonpreferred agent, a trial of two preferred agents is required. Preferred agents include:

- diroximel fumarate (Vumerity capsules)
- fingolimod (Gilenya capsules)
- glatiramer acetate (Copaxone, Glatopa injection)
- interferon beta-1a (Avonex, Rebif injection)
- interferon beta-1b (Betaseron injection)
- natalizumab (Tysabri infusion)
- teriflunomide (Aubagio capsule)

For members initiating therapy for the first time, must provide documentation of one of the following:

- One clinical relapse (e.g., functional disability, hospitalization, acute steroid therapy, etc.) during the prior year.
- Two relapses within the prior two years.
- A single clinical demyelinating event and 2 or more brain lesions characteristic of MS.

Member must have documented Expanded Disability Status Scale (EDSS) score of 6.5 or lower.

### Important Reminders for Submitting a Prior Authorization

- Document any information regarding rationale for drug preference, severity of condition, JCV status, etc. in the initial case.
- Note that missing information may result in a denial.
- Resubmit any additional information directly to pharmacy for review within 24 hours.

### Electronic Prior Authorization with CoverMyMeds

CoverMyMeds helps patients get their medication by streamlining the prior authorization process for providers and pharmacists. Start today by creating a free account or logging in to your existing account at [CoverMyMeds.com](https://CoverMyMeds.com).

### We're here to help.

Visit [HighmarkHealthOptions.com](https://HighmarkHealthOptions.com) to view the preferred drugs, the most up-to-date criteria, and to access drug specific request forms. For more information, call Pharmacy Services at 1-844-325-6251, Monday–Friday, 8 a.m. to 7 p.m.

\* As of July 2023