



Multiple Sclerosis Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
01-01-2026

Date of Origin

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Gilenya		0.25 MG	M ; N ; O	N		
Gilenya		0.5 MG	M ; N ; O	O ; Y		
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.25 MG	M ; N ; O ; Y	N		
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.5 MG	M ; N ; O ; Y	N		
Aubagio	teriflunomide tab	14 MG ; 7 MG	M ; N ; O	O ; Y		
Avonex ; Avonex pen	interferon beta-	22 MCG/0.5ML ; 30 MCG/0.5ML ; 44 MCG/0.5ML ; 6X8.8 & 6X22 MCG	M ; N ; O ; Y	N		
Bafiertam	monomethyl fumarate capsule delayed release	95 MG	M ; N ; O ; Y	N		
Betaseron ; Extavia	interferon beta-	0.3 MG	M ; N ; O ; Y	N		
Copaxone	glatiramer acetate soln prefilled syringe	20 MG/ML ; 40 MG/ML	M ; N ; O	O ; Y		
Kesimpta	ofatumumab soln auto-injector	20 MG/0.4ML	M ; N ; O ; Y	N		
Mavenciad	cladribine tab therapy pack	10 MG	M ; N ; O ; Y	O ; Y		
Mayzent ; Mayzent starter pack	siponimod fumarate tab	0.25 MG ; 1 MG ; 2 MG	M ; N ; O ; Y	N		
Plegridy ; Plegridy starter pack	peginterferon beta-	125 MCG/0.5ML ; 63 & 94 MCG/0.5ML	M ; N ; O ; Y	N		
Ponvory ; Ponvory 14-day starter pa	ponesimod tab ; ponesimod tab starter pack	2-3-4-5-6-7-8-9 & 10 MG ; 20 MG	M ; N ; O ; Y	N		
Rebif ; Rebif rebidose ; Rebif rebidose titration ; Rebif titration pack	interferon beta-	22 MCG/0.5ML ; 30 MCG/0.5ML ; 44 MCG/0.5ML ; 6X8.8 & 6X22 MCG	M ; N ; O ; Y	N		
Tecfidera ; Tecfidera starter pack	dimethyl fumarate capsule delayed release ; dimethyl fumarate capsule dr starter pack	120 & 240 MG ; 120 MG ; 240 MG	M ; N ; O	O ; Y		
Vumerity	diroximel fumarate capsule delayed release ; diroximel fumarate capsule dr starter bottle	231 MG	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Aubagio	Teriflunomide Tab 14 MG	14 MG	30	Tablets	30	DAYS			
Aubagio	Teriflunomide Tab 7 MG	7 MG	30	Tablets	30	DAYS			
Avonex	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	30 MCG/0.5 ML	1	Kit	28	DAYS			
Avonex pen	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML	30 MCG/0.5 ML	1	Kit	28	DAYS			
Bafiertam	Monomethyl Fumarate Capsule Delayed Release	95 MG	120	Capsules	30	DAYS			
Betaseron	interferon beta-	0.3 MG	14	Vials	28	DAYS			504190 52401 ; 504190 52435;
Copaxone	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	20 MG/ML	30	Syringes	30	DAYS	1 kit = 30 syringes		
Copaxone	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	40 MG/ML	12	Syringes	28	DAYS	12 mL = 12 syringes		
Extavia	interferon beta-	0.3 MG	15	Vials	30	DAYS	15 vials/syringes = 1 box		000780 56912 ; 000780 56961 ; 000780 56999;
Gilenya	Fingolimod HCl Cap 0.25 MG (Base Equiv)	0.25 MG	30	Capsules	30	DAYS			
Gilenya	Fingolimod HCl Cap 0.5 MG (Base Equiv)	0.5 MG	30	Capsules	30	DAYS			
Kesimpta	Ofatumumab Soln Auto-Injector	20 MG/0.4 ML	1	Pen	28	DAYS	1 pen=0.4 mL		
Mavenclad	Cladribine Tab Therapy Pack 10 MG (10 Tabs)	10 MG	20	Tablets	301	DAYS			
Mavenclad	Cladribine Tab Therapy Pack 10 MG (4 Tabs)	10 MG	8	Tablets	301	DAYS			
Mavenclad	Cladribine Tab Therapy Pack 10 MG (5 Tabs)	10 MG	10	Tablets	301	DAYS			
Mavenclad	Cladribine Tab Therapy Pack 10 MG (6 Tabs)	10 MG	12	Tablets	301	DAYS			
Mavenclad	Cladribine Tab Therapy Pack 10 MG (7 Tabs)	10 MG	14	Tablets	301	DAYS			
Mavenclad	Cladribine Tab Therapy Pack 10 MG (8 Tabs)	10 MG	8	Tablets	301	DAYS			
Mavenclad	Cladribine Tab Therapy Pack 10 MG (9 Tabs)	10 MG	9	Tablets	301	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Mayzent	Siponimod Fumarate Tab	1 MG	30	Tablets	30	DAYS			
Mayzent	Siponimod Fumarate Tab 0.25 MG (Base Equiv)	0.25 MG	120	Tablets	30	DAYS			
Mayzent	Siponimod Fumarate Tab 2 MG (Base Equiv)	2 MG	30	Tablets	30	DAYS			
Mayzent starter pack	Siponimod Fumarate Tab	0.25 MG	7	Tablets	180	DAYS			
Mayzent starter pack	Siponimod Fumarate Tab 0.25 MG (12) Starter Pack	0.25 MG	12	Tablets	180	DAYS			
Plegridy	Peginterferon Beta-	125 MCG/0.5 ML	2	Syringes	28	DAYS	2 syringes= 1 mL		
Plegridy	Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML	125 MCG/0.5 ML	2	Pens	28	DAYS			
Plegridy	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	125 MCG/0.5 ML	2	Syringes	28	DAYS	2 syringes = 1 carton		
Plegridy starter pack	Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack	63 & 94 MCG/0.5 ML	1	Kit	180	DAYS			
Plegridy starter pack	Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	63 & 94 MCG/0.5 ML	1	Kit	180	DAYS			
Ponvory	Ponesimod Tab	20 MG	30	Tablets	30	DAYS			
Ponvory 14-day starter pa	Ponesimod Tab Starter Pack	2-3-4-5-6-7-8-9 & 10 MG	14	Tablets	180	DAYS	1 pack = 14 tablets		
Rebif	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)	22 MCG/0.5 ML	12	Syringes	28	DAYS	1 carton = 12 syringes, QL cumulative across strengths		
Rebif	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	44 MCG/0.5 ML	12	Syringes	28	DAYS	1 carton = 12 syringes, QL cumulative across strengths		
Rebif rebidose	Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)	22 MCG/0.5 ML	12	Syringes	28	DAYS	1 carton = 12 syringes, QL cumulative across strengths		
Rebif rebidose	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	44 MCG/0.5 ML	12	Syringes	28	DAYS	1 carton = 12 syringes, QL cumulative across strengths		
Rebif rebidose titration	Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	6X8.8 & 6X22 MCG	1	Kit	180	DAYS	6 x 8.8 mcg/0.2 mL + 6 x 22 mcg/0.5 mL = Titration pack		

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Rebif titration pack	Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	6X8.8 & 6X22 MCG	1	Kit	180	DAYS			
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.25 MG	30	Tablets	30	DAYS			
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.5 MG	30	Tablets	30	DAYS			
Tecfidera	Dimethyl Fumarate Capsule Delayed Release 120 MG	120 MG	56	Capsules	180	DAYS			
Tecfidera	Dimethyl Fumarate Capsule Delayed Release 240 MG	240 MG	60	Capsules	30	DAYS			
Tecfidera starter pack	dimethyl fumarate capsule dr starter pack	120 & 240 MG	60	Capsules	180	DAYS			
Vumerity	Diroximel Fumarate Capsule Delayed Release 231 MG	231 MG	120	Capsules	30	DAYS			

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
6240003010E520	Copaxone	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	20 MG/ML	1 kit = 30 syringes			
6240003010E540	Copaxone	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	40 MG/ML	12 mL = 12 syringes			
62403060506420	Extavia	interferon beta-	0.3 MG	15 vials/syringes = 1 box	00078056912 ; 00078056961 ; 00078056999;		
6240506500D520	Kesimpta	Ofatumumab Soln Auto-Injector	20 MG/0.4 ML	1 pen=0.4 mL			
6240307530E521	Plegridy	Peginterferon Beta-	125 MCG/0.5 ML	2 syringes= 1 mL			
6240307530E520	Plegridy	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	125 MCG/0.5 ML	2 syringes = 1 carton			
6240706000B720	Ponvory 14-day starter pa	Ponesimod Tab Starter Pack	2-3-4-5-6-7-8-9 & 10 MG	1 pack = 14 tablets			
6240306045E520	Rebif	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)	22 MCG/0.5 ML	1 carton = 12 syringes, QL cumulative across strengths			

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
6240306045E540	Rebif	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	44 MCG/0.5 ML	1 carton = 12 syringes, QL cumulative across strengths			
6240306045D520	Rebif rebidose	Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)	22 MCG/0.5 ML	1 carton = 12 syringes, QL cumulative across strengths			
6240306045D540	Rebif rebidose	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	44 MCG/0.5 ML	1 carton = 12 syringes, QL cumulative across strengths			
6240306045D560	Rebif rebidose titration	Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	6X8.8 & 6X22 MCG	6 x 8.8 mcg/0.2 mL + 6 x 22 mcg/0.5 mL = Titration pack			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Aubagio	teriflunomide tab	14 MG ; 7 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Avonex ; Avonex pen	interferon beta-	22 MCG/0.5ML ; 30 MCG/0.5ML ; 44 MCG/0.5ML ; 6X8.8 & 6X22 MCG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Bafiertam	monomethyl fumarate capsule delayed release	95 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Betaseron ; Extavia	interferon beta-	0.3 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Copaxone	glatiramer acetate soln prefilled syringe	20 MG/ML ; 40 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Gilenya		0.25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Gilenya		0.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Kesimpta	ofatumumab soln auto-injector	20 MG/0.4ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mavenclad	cladribine tab therapy pack	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mayzent ; Mayzent starter pack	siponimod fumarate tab	0.25 MG ; 1 MG ; 2 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Plegridy ; Plegridy starter pack	peginterferon beta-	125 MCG/0.5ML ; 63 & 94 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ponvory ; Ponvory 14-day starter pa	ponesimod tab ; ponesimod tab starter pack	2-3-4-5-6-7-8-9 & 10 MG ; 20 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rebif ; Rebif rebidose ; Rebif rebidose titration ; Rebif titration pack	interferon beta-	22 MCG/0.5ML ; 30 MCG/0.5ML ; 44 MCG/0.5ML ; 6X8.8 & 6X22 MCG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tecfidera ; Tecfidera starter pack	dimethyl fumarate capsule delayed release ; dimethyl fumarate capsule dr starter pack	120 & 240 MG ; 120 MG ; 240 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Vumerity	diroximel fumarate capsule delayed release ; diroximel fumarate capsule dr starter bottle	231 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Aubagio	Teriflunomide Tab 14 MG	14 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Aubagio	Teriflunomide Tab 7 MG	7 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Avonex	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	30 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Avonex pen	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML	30 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Bafiertam	Monomethyl Fumarate Capsule Delayed Release	95 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Betaseron	interferon beta-	0.3 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Copaxone	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	20 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Copaxone	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	40 MG/ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Extavia	interferon beta-	0.3 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Gilenya	Fingolimod HCl Cap 0.25 MG (Base Equiv)	0.25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Gilenya	Fingolimod HCl Cap 0.5 MG (Base Equiv)	0.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Kesimpta	Ofatumumab Soln Auto-Injector	20 MG/0.4ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mavenclad	Cladribine Tab Therapy Pack 10 MG (10 Tabs)	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mavenclad	Cladribine Tab Therapy Pack 10 MG (4 Tabs)	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mavenciad	Cladribine Tab Therapy Pack 10 MG (5 Tabs)	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mavenciad	Cladribine Tab Therapy Pack 10 MG (6 Tabs)	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Mavenclad	Cladribine Tab Therapy Pack 10 MG (7 Tabs)	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mavenclad	Cladribine Tab Therapy Pack 10 MG (8 Tabs)	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mavenclad	Cladribine Tab Therapy Pack 10 MG (9 Tabs)	10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2026 ; Topaz ; Whole Foods
Mayzent	Siponimod Fumarate Tab	1 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mayzent	Siponimod Fumarate Tab 0.25 MG (Base Equiv)	0.25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mayzent	Siponimod Fumarate Tab 2 MG (Base Equiv)	2 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mayzent starter pack	Siponimod Fumarate Tab	0.25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Mayzent starter pack	Siponimod Fumarate Tab 0.25 MG (12) Starter Pack	0.25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Plegridy	Peginterferon Beta-	125 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Plegridy	Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML	125 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Plegridy	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	125 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Plegridy starter pack	Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack	63 & 94 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Plegridy starter pack	Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	63 & 94 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ponvory	Ponesimod Tab	20 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Ponvory 14-day starter pa	Ponesimod Tab Starter Pack	2-3-4-5-6-7-8-9 & 10 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rebif	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)	22 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rebif	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	44 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rebif rebidose	Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)	22 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rebif rebidose	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	44 MCG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rebif rebidose titration	Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	6X8.8 & 6X22 MCG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Rebif titration pack	Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	6X8.8 & 6X22 MCG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tascenso odt	Fingolimod Lauryl Sulfate Tablet Disintegrating	0.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tecfidera	Dimethyl Fumarate Capsule Delayed Release 120 MG	120 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tecfidera	Dimethyl Fumarate Capsule Delayed Release 240 MG	240 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods
Tecfidera starter pack	dimethyl fumarate capsule dr starter pack	120 & 240 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Vumerity	Diroximel Fumarate Capsule Delayed Release 231 MG	231 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; HIM Quarterly 2026 ; IL HIM Annual 2025 ; IL HIM Annual 2026 ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; TX HIM Annual 2025 ; TX HIM Annual 2026 ; Topaz ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval		
Mavenc ad	<p>Initial Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The requested agent is eligible for continuation of therapy AND the following: <table border="1" style="margin-left: 20px;"> <tr> <td>Agents Eligible for Continuation of Therapy</td> </tr> <tr> <td>Mavencad (cladribine)</td> </tr> </table> 1. The prescriber states the patient has been treated with the requested agent within the past 90 days AND the patient is at risk if therapy is changed OR B. BOTH of the following: <ol style="list-style-type: none"> 1. The patient has ONE of the following relapsing forms of multiple sclerosis (MS): <ol style="list-style-type: none"> A. Relapsing-remitting disease (RRMS) OR B. Active secondary progressive disease (SPMS) AND 2. If the patient has an FDA labeled indication, then ONE of the following: <ol style="list-style-type: none"> A. The patient's age is within FDA labeling for the requested indication for the requested agent OR B. There is support for using the requested agent for the patient's age for the requested indication AND 2. If the patient has been previously treated with the requested agent, then BOTH of the following: <ol style="list-style-type: none"> A. The prescriber has provided the number of courses the patient has completed (one course consists of 2 cycles of 4-5 days each) AND B. The patient has NOT completed 2 courses of the requested agent (one course consists of 2 cycles of 4-5 days each) AND 	Agents Eligible for Continuation of Therapy	Mavencad (cladribine)
Agents Eligible for Continuation of Therapy			
Mavencad (cladribine)			

Module	Clinical Criteria for Approval
	<p>3. A complete CBC with differential including lymphocyte count has been performed AND</p> <p>4. The lymphocyte count is within normal limits AND</p> <p>5. The prescriber is a specialist in the area of the patient's diagnosis (i.e., neurologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis AND</p> <p>6. ONE of the following:</p> <ul style="list-style-type: none"> A. The patient will NOT be using the requested agent with an additional disease modifying agent (DMA) for the requested indication (please refer to "MS Disease Modifying Agents (DMAs)" list in the "Contraindicated for Concomitant Therapy" table) OR B. BOTH of the following: <ul style="list-style-type: none"> 1. The patient is currently using the requested agent AND 2. Information has been provided supporting the use of the additional DMA (e.g., relapse between cycles) AND <p>7. The patient does NOT have any FDA labeled contraindications to the requested agent AND</p> <p>8. The requested quantity (dose) does NOT exceed the FDA labeled maximum dose based on the patient's weight</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>BCBSIL, BCBSMT, and BCBSTX: approve 2 courses for 12 months. (Administer a second course at least 43 weeks after the last dose of the first course, second cycle for a cumulative dosage of 3.5 mg/kg)</p> <p>ALL other plans: 36 weeks for new starts OR if patient is currently taking the requested agent, approve for remainder of the annual course (1 course consists of 2 cycles of 4-5 days)</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>The requested agent will also be approved when ONE of the following is met:</p> <ul style="list-style-type: none"> 1. The request is for a BCBS MT Fully Insured or MT HIM member AND <ul style="list-style-type: none"> A. The patient is under the age of 18 years old AND B. The patient does NOT have any FDA labeled contraindications to the requested agent AND C. The patient has an indication that is supported in TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] AND D. There is support for an age in the patient's given age bracket in TWO articles from major peer-reviewed professional medical journals as generally safe and effective. The age brackets are: 1. infancy (birth up to, but not including, 2 years of age), 2. childhood (2 years of age through 11 years of age), 3. adolescence (12 years of age through 17 years of age). Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] OR 2. ALL of the following: <ul style="list-style-type: none"> A. The member resides in Ohio AND B. The plan is Fully Insured or HIM Shop (SG) AND C. The patient does NOT have any FDA labeled contraindications to the requested agent AND D. ONE of the following:

Module	Clinical Criteria for Approval
	<ol style="list-style-type: none"> 1. The patient has another FDA labeled indication for the requested agent and route of administration OR 2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR 3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>Renewal Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process [Note: patients not previously approved for the requested agent will require initial evaluation review] AND 2. The patient has had clinical benefit with the requested agent AND 3. A complete CBC with differential including lymphocyte count has been performed AND 4. The patient has a lymphocyte count of at least 800 cells/microliter AND 5. The prescriber is a specialist in the area of the patient's diagnosis (i.e., neurologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis AND 6. ONE of the following: <ol style="list-style-type: none"> A. The patient will NOT be using the requested agent in combination with an additional disease modifying agent (DMA) for the requested indication (please refer to "MS Disease Modifying Agents (DMAs)" list in the "Contraindicated for Concomitant Therapy" table) OR B. There is support for the use of the additional DMA (e.g., relapse between cycles) AND 7. The patient does NOT have any FDA labeled contraindications to the requested agent AND 8. It has been at least 35 weeks but not more than 67 weeks since the last dose of the requested agent AND 9. BOTH of the following: <ol style="list-style-type: none"> A. The prescriber has provided the number of courses the patient has completed (one course consists of 2 cycles of 4-5 days each) AND B. The patient has NOT completed 2 courses with the requested agent (one course consists of 2 cycles of 4-5 days each) AND

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	<p>10. The requested dose does NOT exceed the maximum FDA labeled dose for the patient's weight</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>BCBSIL, BCBSMT, and BCBSTX: 12 months</p> <p>ALL other plans: 3 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria</p>

MS Agents other than Mavenclad

Preferred Agent(s)	Non-Preferred Agent(s)
<p>Avonex (interferon β-1a) Betaseron (interferon β-1b) cladribine dimethyl fumarate fingolimod glatiramer Glatopa (glatiramer) Kesimpta (ofatumumab) Mavenclad (cladribine)* Mayzent (siponimod) Plegridy (peginterferon β-1a) Rebif (interferon β-1a) teriflunomide Vumerity (diroximel fumarate) Zeposia (ozanimod)**</p>	<p>Aubagio (teriflunomide)* Bafiertam (monomethyl fumarate) Copaxone (glatiramer)* Extavia (interferon β-1b) Gilenya (fingolimod)* Ponvory (ponesimod) Tascenso ODT (fingolimod) Tecfidera (dimethyl fumarate)*</p>

*generic available
 **target in a different program

Initial Evaluation

Target Agent(s) will be approved when ALL of the following are met:

1. ONE of the following:
 - A. The requested agent is eligible for continuation of therapy AND the following:

Agents Eligible for Continuation of Therapy
<p>All target agents except the following are eligible for continuation of therapy: Brand Aubagio Brand Copaxone Brand Gilenya 0.5 mg Brand Tecfidera</p>

1. The prescriber states the patient has been treated with the requested agent within the past 90 days AND is at risk if therapy is changed **OR**
- B. BOTH of the following:
 1. ONE of the following:
 - A. The patient has a diagnosis of a relapsing form of MS AND ALL of the following:

Module	Clinical Criteria for Approval			
	<p>1. ONE of the following:</p> <ul style="list-style-type: none"> A. The requested agent is a preferred agent OR B. The requested agent is a non-preferred agent AND ONE of the following: <ul style="list-style-type: none"> 1. The prescriber states the patient is currently being treated with the requested agent AND the patient is currently stable on the requested agent [chart notes required] OR 2. The patient is 17 years of age or younger AND ONE of the following: <ul style="list-style-type: none"> A. The requested agent is one of the following brand agents that does NOT have an equipotent generic strength OR <table border="1" data-bbox="235 697 950 831"> <tr> <td>Agents that do NOT have an equipotent generic strength</td> </tr> <tr> <td>Gilenya 0.25 mg</td> </tr> <tr> <td>Tascenso ODT 0.25 mg</td> </tr> </table> <ul style="list-style-type: none"> B. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR C. The patient has tried and had an inadequate response to generic fingolimod (medical records required) OR D. Generic fingolimod was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR E. The patient has an intolerance (defined as an intolerance to the drug or its excipients, NOT to the route of administration) or hypersensitivity to generic fingolimod (medical records required) OR F. The patient has an FDA labeled contraindication to generic fingolimod (medical records required) OR G. Generic fingolimod is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily 	Agents that do NOT have an equipotent generic strength	Gilenya 0.25 mg	Tascenso ODT 0.25 mg
Agents that do NOT have an equipotent generic strength				
Gilenya 0.25 mg				
Tascenso ODT 0.25 mg				

Module	Clinical Criteria for Approval
	<p>activities; OR cause an adverse reaction or cause physical or mental harm [chart notes required] OR</p> <p>H. Generic fingolimod is not in the best interest of the patient based on medical necessity [chart notes required] OR</p> <p>I. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as generic fingolimod and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR</p> <p>J. If the requested agent is Tascenso ODT 0.5 mg, there is support for the use of the requested agent over generic fingolimod (e.g., swallowing difficulties) OR</p> <p>3. The patient is 18 years of age or older AND BOTH of the following:</p> <p>A. ONE of the following:</p> <ol style="list-style-type: none"> 1. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR 2. The patient has tried and had an inadequate response to TWO preferred agents that are FDA labeled for the treatment of the requested indication (medical records required) OR 3. TWO preferred agents that are FDA labeled for the treatment of the requested indication were discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR 4. The patient has an intolerance (defined as an intolerance to the drug or its excipients, NOT to the route of administration) or hypersensitivity to TWO preferred agents that are FDA labeled for the

Module	Clinical Criteria for Approval
	<p>treatment of the requested indication [chart notes required] OR</p> <p>5. The patient has an FDA labeled contraindication to ALL preferred agents that are FDA labeled for the treatment of the requested indication [chart notes required] OR</p> <p>6. TWO preferred agents that are FDA labeled for the treatment of the requested indication are expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes required] OR</p> <p>7. TWO preferred agents that are FDA labeled for the treatment of the requested indication are not in the best interest of the patient based on medical necessity [chart notes required] OR</p> <p>8. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as TWO preferred agents that are FDA labeled for the treatment of the requested indication and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] AND</p>

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	<p data-bbox="948 180 1417 239">B. If the requested agent is Tascenso ODT 0.5 mg, ONE of the following:</p> <ol data-bbox="1045 264 1417 1971" style="list-style-type: none"> <li data-bbox="1045 264 1417 443">1. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR <li data-bbox="1045 474 1417 611">2. The patient has tried and had an inadequate response to generic fingolimod (medical records required) OR <li data-bbox="1045 642 1417 821">3. Generic fingolimod was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR <li data-bbox="1045 831 1417 1010">4. The patient has an intolerance or hypersensitivity to generic fingolimod that is NOT expected to occur with the requested agent OR <li data-bbox="1045 1041 1417 1199">5. The patient has an FDA labeled contraindication to generic fingolimod that is NOT expected to occur with the requested agent OR <li data-bbox="1045 1209 1417 1808">6. Generic fingolimod is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes required] OR <li data-bbox="1045 1818 1417 1971">7. Generic fingolimod is not in the best interest of the patient based on medical necessity [chart notes required] OR

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	<p>8. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as generic fingolimod and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR</p> <p>9. There is support for the use of the requested agent over generic fingolimod (e.g., swallowing difficulties) OR</p> <p>4. The patient has highly active MS disease activity AND ONE of the following: (medical records including chart notes required)</p> <p>A. The patient has greater than or equal to 2 relapses in the previous year OR</p> <p>B. The patient has greater than or equal to 1 gadolinium enhancing lesion on MRI OR</p> <p>C. The patient has significant increase in T2 lesion load compared with a previous MRI OR</p> <p>5. The patient has been treated with at least 3 MS agents from different drug classes (medical records including chart notes required) (see MS disease modifying agents drug class table) AND</p> <p>2. If the requested agent is Aubagio (teriflunomide), the prescriber has obtained transaminase and bilirubin levels within 6 months prior to initiating treatment AND</p> <p>3. If the requested agent is Gilenya (fingolimod) or Tascenso ODT (fingolimod) the prescriber has performed an electrocardiogram within 6 months prior to initiating treatment OR</p> <p>B. The patient has another FDA approved indication for the requested agent and route of administration AND</p> <p>2. If the patient has an FDA labeled indication, then ONE of the following:</p> <p>A. The patient's age is within FDA labeling for the requested indication for the requested agent OR</p> <p>B. There is support for using the requested agent for the patient's age for the requested indication AND</p> <p>2. If the requested agent is a brand product with a corresponding generic (listed below), then ONE of the following:</p>

Module	Clinical Criteria for Approval											
	<table border="1"> <thead> <tr> <th data-bbox="232 178 589 216">Non-Preferred Agents</th> <th data-bbox="589 178 946 216">Corresponding generic</th> </tr> </thead> <tbody> <tr> <td data-bbox="232 216 589 254">Aubagio</td> <td data-bbox="589 216 946 254">teriflunomide</td> </tr> <tr> <td data-bbox="232 254 589 291">Copaxone</td> <td data-bbox="589 254 946 291">Glatopa/glatiramer</td> </tr> <tr> <td data-bbox="232 291 589 329">Gilenya 0.5 mg</td> <td data-bbox="589 291 946 329">fingolimod</td> </tr> <tr> <td data-bbox="232 329 589 367">Tecfidera, Bafiertam</td> <td data-bbox="589 329 946 367">dimethyl fumarate</td> </tr> </tbody> </table>	Non-Preferred Agents	Corresponding generic	Aubagio	teriflunomide	Copaxone	Glatopa/glatiramer	Gilenya 0.5 mg	fingolimod	Tecfidera, Bafiertam	dimethyl fumarate	<p>A. The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR</p> <p>B. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes required] OR</p> <p>C. The patient has an intolerance or hypersensitivity to the corresponding generic that is not expected to occur with the requested agent [chart notes required] OR</p> <p>D. The patient has an FDA labeled contraindication to the corresponding generic that is not expected to occur with the requested agent [chart notes required] OR</p> <p>E. The corresponding generic was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR</p> <p>F. The corresponding generic is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient’s adherence of care; OR worsen a comorbid condition; OR decrease the patient’s ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes required] OR</p> <p>G. The corresponding generic is not in the best interest of the patient based on medical necessity [chart notes required] OR</p> <p>H. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as the corresponding generic and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR</p> <p>I. There is support for the use of the requested agent over the corresponding generic AND</p> <p>3. The prescriber is a specialist in the area of the patient’s diagnosis (i.e., neurologist) or the prescriber has consulted with a specialist in the area of the patient’s diagnosis AND</p> <p>4. ONE of the following:</p> <p>A. The patient will NOT be using the requested agent in combination with an additional disease modifying agent (DMA) for the requested indication (please refer to "MS Disease Modifying Agents (DMAs)" list in the "Contraindicated for Concomitant Therapy" table) OR</p> <p>B. The patient will be using the requested agent in combination with another DMA used for the treatment of the requested indication AND BOTH of the following:</p> <ol style="list-style-type: none"> 1. The requested agent will be used in combination with Mavenclad (cladribine) AND 2. There is support for the use of the requested agent in combination with Mavenclad (e.g., relapse between cycles of Mavenclad) AND <p>5. The patient does NOT have any FDA labeled contraindications to the requested agent</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months. NOTE: For agents requiring a starter dose for initial use, the starter dose can be approved for the FDA labeled starting dose and the maintenance dose can be approved for the remainder of 12 months.</p>
Non-Preferred Agents	Corresponding generic											
Aubagio	teriflunomide											
Copaxone	Glatopa/glatiramer											
Gilenya 0.5 mg	fingolimod											
Tecfidera, Bafiertam	dimethyl fumarate											

Module	Clinical Criteria for Approval								
	<p data-bbox="232 178 1084 212">NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <table border="1" data-bbox="232 247 950 919"> <thead> <tr> <th data-bbox="235 252 592 285">FDA Labeled Indication</th> <th data-bbox="592 252 946 285">FDA Approved Agent(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="235 285 592 499">Clinically Isolated Syndrome (CIS)</td> <td data-bbox="592 285 946 499">Aubagio, Avonex, Bafiertam, Betaseron, Copaxone, Extavia, Gilenya, Glatopa, Kesimpta, Mayzent, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Vumerity</td> </tr> <tr> <td data-bbox="235 499 592 709">Relapsing Remitting Multiple Sclerosis (RRMS)</td> <td data-bbox="592 499 946 709">Aubagio, Avonex, Bafiertam, Betaseron, Copaxone, Extavia, Gilenya, Glatopa, Kesimpta, Mavenclad, Mayzent, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Vumerity</td> </tr> <tr> <td data-bbox="235 709 592 915">Active Secondary Progressive Multiple Sclerosis (SPMS)</td> <td data-bbox="592 709 946 915">Aubagio, Avonex, Bafiertam, Betaseron, Copaxone, Extavia, Gilenya, Glatopa, Kesimpta, Mavenclad, Mayzent, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Vumerity</td> </tr> </tbody> </table> <p data-bbox="232 1020 1271 1054">The requested agent will also be approved when ONE of the following is met:</p> <ol data-bbox="280 1092 1417 1984" style="list-style-type: none"> <li data-bbox="280 1092 1417 1585">1. The request is for a BCBS MT Fully Insured or MT HIM member AND <ol data-bbox="375 1119 1417 1585" style="list-style-type: none"> <li data-bbox="375 1119 1417 1152">A. The patient is under the age of 18 years old AND <li data-bbox="375 1152 1417 1207">B. The patient does NOT have any FDA labeled contraindications to the requested agent AND <li data-bbox="375 1207 1417 1381">C. The patient has an indication that is supported in TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] AND <li data-bbox="375 1381 1417 1585">D. There is support for an age in the patient's given age bracket in TWO articles from major peer-reviewed professional medical journals as generally safe and effective. The age brackets are: 1. infancy (birth up to, but not including, 2 years of age), 2. childhood (2 years of age through 11 years of age), 3. adolescence (12 years of age through 17 years of age). Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required] OR <li data-bbox="280 1585 1417 1984">2. ALL of the following: <ol data-bbox="375 1612 1417 1984" style="list-style-type: none"> <li data-bbox="375 1612 1417 1646">A. The member resides in Ohio AND <li data-bbox="375 1646 1417 1680">B. The plan is Fully Insured or HIM Shop (SG) AND <li data-bbox="375 1680 1417 1734">C. The patient does NOT have any FDA labeled contraindications to the requested agent AND <li data-bbox="375 1734 1417 1984">D. ONE of the following: <ol data-bbox="472 1761 1417 1984" style="list-style-type: none"> <li data-bbox="472 1761 1417 1816">1. The patient has another FDA labeled indication for the requested agent and route of administration OR <li data-bbox="472 1816 1417 1871">2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR <li data-bbox="472 1871 1417 1984">3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted 	FDA Labeled Indication	FDA Approved Agent(s)	Clinically Isolated Syndrome (CIS)	Aubagio, Avonex, Bafiertam, Betaseron, Copaxone, Extavia, Gilenya, Glatopa, Kesimpta, Mayzent, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Vumerity	Relapsing Remitting Multiple Sclerosis (RRMS)	Aubagio, Avonex, Bafiertam, Betaseron, Copaxone, Extavia, Gilenya, Glatopa, Kesimpta, Mavenclad, Mayzent, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Vumerity	Active Secondary Progressive Multiple Sclerosis (SPMS)	Aubagio, Avonex, Bafiertam, Betaseron, Copaxone, Extavia, Gilenya, Glatopa, Kesimpta, Mavenclad, Mayzent, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Vumerity
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	<p>study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required]</p> <p>Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p> <p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>Renewal Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> The patient has been previously approved for the requested agent through the plan's Prior Authorization process [Note: patients not previously approved for the requested agent will require initial evaluation review] AND If the requested agent is a brand product with a corresponding generic (listed below), then ONE of the following: <table border="1" data-bbox="235 1186 950 1375"> <thead> <tr> <th>Non-Preferred Agents</th> <th>Corresponding generic</th> </tr> </thead> <tbody> <tr> <td>Aubagio</td> <td>teriflunomide</td> </tr> <tr> <td>Copaxone</td> <td>Glatopa/glatiramer</td> </tr> <tr> <td>Gilenya 0.5 mg</td> <td>fingolimod</td> </tr> <tr> <td>Tecfidera, Bafiertam</td> <td>dimethyl fumarate</td> </tr> </tbody> </table> <ol style="list-style-type: none"> The request is for a BCBS IL Fully Insured, ASO Cost/BBF, HIM, or Non-ERISA ASO/Self-insured Municipalities/Counties member OR The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent [chart notes required] OR The patient has an intolerance or hypersensitivity to the corresponding generic that is NOT expected to occur with the requested agent [chart notes required] OR The patient has an FDA labeled contraindication to the corresponding generic that is NOT expected to occur with the requested agent [chart notes required] OR The corresponding generic was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR The corresponding generic is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm [chart notes required] OR 	Non-Preferred Agents	Corresponding generic	Aubagio	teriflunomide	Copaxone	Glatopa/glatiramer	Gilenya 0.5 mg	fingolimod	Tecfidera, Bafiertam	dimethyl fumarate
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Tecfidera, Bafiertam	dimethyl fumarate										

Module	Clinical Criteria for Approval
	<p>G. The corresponding generic is not in the best interest of the patient based on medical necessity [chart notes required] OR</p> <p>H. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as the corresponding generic and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event [chart notes required] OR</p> <p>I. There is support for the use of the requested agent over the corresponding generic OR</p> <p>3. The patient has had clinical benefit with the requested agent AND</p> <p>4. The prescriber is a specialist in the area of the patient's diagnosis (i.e., neurologist) or the prescriber has consulted with a specialist in the area of the patient's diagnosis AND</p> <p>5. ONE of the following:</p> <p>A. The patient will NOT be using the requested agent in combination with an additional disease modifying agent (DMA) for the requested indication (please refer to "MS Disease Modifying Agents (DMAs)" list in the "Contraindicated for Concomitant Therapy" table) OR</p> <p>B. The patient will be using the requested agent in combination with another DMA used for the requested indication AND BOTH of the following:</p> <ol style="list-style-type: none"> 1. The requested agent will be used in combination with Mavenclad (cladribine) AND 2. Information has been provided supporting the use of the requested agent in combination with Mavenclad (e.g., relapse between cycles of Mavenclad) AND <p>6. The patient does NOT have any FDA labeled contraindications to the requested agent</p> <p>Length of Approval:</p> <p>BCBSOK: 36 months</p> <p>ALL other plans: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
<p>QL with PA - All agents excluding Mavenclad</p>	<p>Quantity limit for Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> A. BOTH of the following: <ol style="list-style-type: none"> 1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication OR B. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND 2. There is support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit OR C. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND 2. There is support for therapy with a higher dose for the requested indication

Module	Clinical Criteria for Approval
	Length of Approval: 12 months; NOTE: For agents requiring a starter dose for initial use, the starter dose can be approved for the FDA labeled starting dose and the maintenance dose can be approved for the remainder of 12 months
QL with PA Mavencad	<p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. BOTH of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) exceeds the program quantity limit AND B. The requested quantity (dose) cannot be achieved with a lower quantity of packs and a higher pack size (e.g., two 10 tablet packs instead of four 5 tablet packs) that does not exceed the program quantity limit <p>Length of Approval:</p> <p>BCBSIL: 12 months</p> <p>ALL other plans:</p> <p>Initial: 36 weeks for new starts OR if patient is currently taking the requested agent, approve for remainder of the annual course (1 course consists of 2 cycles of 4-5 days); Renewal: 3 months</p>

CLASS AGENTS

Class	Class Drug Agents
Class Ia antiarrhythmics	
Class Ia antiarrhythmics	NORPACE*Disopyramide Phosphate Cap
Class Ia antiarrhythmics	Pronestyl (procainamide)
Class Ia antiarrhythmics	quinidine
Class III antiarrhythmics	
Class III antiarrhythmics	BETAPACE*Sotalol HCl Tab
Class III antiarrhythmics	Cordarone, Pacerone (amiodarone)
Class III antiarrhythmics	CORVERT*Ibutilide Fumarate Inj
Class III antiarrhythmics	MULTAQ*Dronedarone HCl Tab
Class III antiarrhythmics	TIKOSYN*Dofetilide Cap
MS Disease Modifying Agents drug class: CD20 monoclonal antibody	
MS Disease Modifying Agents drug class: CD20 monoclonal antibody	BRIUMVI*ublituximab-xiiy soln for iv infusion
MS Disease Modifying Agents drug class: CD20 monoclonal antibody	KESIMPTA*Ofatumumab Soln Auto-Injector
MS Disease Modifying Agents drug class: CD20 monoclonal antibody	OCREVUS*Ocrelizumab Soln For IV Infusion
MS Disease Modifying Agents drug class: CD20 monoclonal antibody	OCREVUS*ZUNOVO*ocrelizumab-hyaluronidase-ocsq inj
MS Disease Modifying Agents drug class: CD52 monoclonal antibody	
MS Disease Modifying Agents drug class: CD52 monoclonal antibody	LEMTRADA*Alemtuzumab IV Inj
MS Disease Modifying Agents drug class: Fumarates	
MS Disease Modifying Agents drug class: Fumarates	BAFIERTAM*Monomethyl Fumarate Capsule Delayed Release
MS Disease Modifying Agents drug class: Fumarates	TECFIDERA*Dimethyl Fumarate Capsule Delayed Release
MS Disease Modifying Agents drug class: Fumarates	VUMERITY*Diroximel Fumarate Capsule Delayed Release
MS Disease Modifying Agents drug class: Glatiramer	
MS Disease Modifying Agents drug class: Glatiramer	COPAXONE*Glatiramer Acetate Soln Prefilled Syringe

Class	Class Drug Agents
MS Disease Modifying Agents drug class: Glatiramer	GLATOPA*Glatiramer Acetate Soln Prefilled Syringe
MS Disease Modifying Agents drug class: IgG4k monoclonal antibody	
MS Disease Modifying Agents drug class: IgG4k monoclonal antibody	TYSABRI*Natalizumab for IV Inj Conc
MS Disease Modifying Agents drug class: Interferons	
MS Disease Modifying Agents drug class: Interferons	AVONEX*Interferon beta-1a injection
MS Disease Modifying Agents drug class: Interferons	BETASERON*Interferon beta-1b injection
MS Disease Modifying Agents drug class: Interferons	EXTAVIA*Interferon beta-1b injection
MS Disease Modifying Agents drug class: Interferons	PLEGRIDY*Peginterferon beta-1a injection
MS Disease Modifying Agents drug class: Interferons	REBIF*Interferon Beta-
MS Disease Modifying Agents drug class: Purine antimetabolite	
MS Disease Modifying Agents drug class: Purine antimetabolite	MAVENCLAD*Cladribine Tab Therapy Pack
MS Disease Modifying Agents drug class: Pyrimidine synthesis inhibitor	
MS Disease Modifying Agents drug class: Pyrimidine synthesis inhibitor	AUBAGIO*Teriflunomide Tab
MS Disease Modifying Agents drug class: Sphingosine 1-phosphate (SIP) receptor modulator	
MS Disease Modifying Agents drug class: Sphingosine 1-phosphate (SIP) receptor modulator	GILENYA*Fingolimod HCl Cap
MS Disease Modifying Agents drug class: Sphingosine 1-phosphate (SIP) receptor modulator	MAYZENT*Siponimod Fumarate Tab
MS Disease Modifying Agents drug class: Sphingosine 1-phosphate (SIP) receptor modulator	PONVORY*Ponesimod Tab
MS Disease Modifying Agents Drug Class: Sphingosine 1-phosphate (SIP) receptor modulator	
MS Disease Modifying Agents Drug Class: Sphingosine 1-phosphate (SIP) receptor modulator	TASCENSO*fingolimod lauryl sulfate tablet disintegrating
MS Disease Modifying Agents drug class: Sphingosine 1-phosphate (SIP) receptor modulator	
MS Disease Modifying Agents drug class: Sphingosine 1-phosphate (SIP) receptor modulator	ZEPOSIA*Ozanimod capsule

CONTRAINDICATION AGENTS

Contraindicated as Concomitant Therapy
<p>MS Disease Modifying Agents (DMAs)</p> <p>Aubagio (teriflunomide)</p> <p>Avonex (interferon β-1a)</p> <p>Bafiertam (monomethyl fumarate)</p> <p>Betaseron (interferon β-1b)</p> <p>Briumvi (ublituximab-xiiy)</p> <p>Copaxone (glatiramer) dimethyl fumarate</p> <p>Extavia (interferon β-1b)</p> <p> fingolimod</p> <p>Gilenya (fingolimod)</p> <p>glatiramer</p> <p>Glatopa (glatiramer)</p> <p>Kesimpta (ofatumumab)</p> <p>Lemtrada (alemtuzumab)</p> <p>Mavenclad (cladribine)</p> <p>Mayzent (siponimod)</p> <p>Ocrevus (ocrelizumab)</p> <p>Ocrevus Zunovo (ocrelizumab-hyaluronidase)</p> <p>Plegridy (peginterferon β-1a)</p>

Contraindicated as Concomitant Therapy

Ponvory (ponesimod)

Rebif (interferon β -1a)

Tascenso ODT (fingolimod)

Tecfidera (dimethyl fumarate)

teriflunomide

Tysabri (natalizumab)

Vumerity (diroximel fumarate)

Zeposia (ozanimod)