

Multiple Sclerosis Agents Prior Authorization

Drug(s) Applied:

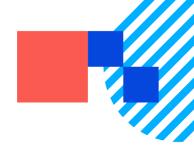
Avonex (Interferon beta-1a)
Betaseron (Interferon beta-1b)
Fingolimod (0.5mg only)
Glatiramer Acetate
Glatopa (Glatiramer Acetate)
Kesimpta (Ofatumumab)

Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

- I. Initial Approval Criteria
 - A. Clinically Isolated Syndrome (CIS), Relapsing Remitting Multiple Sclerosis (RRMS) or Active Secondary Progressive Multiple Sclerosis (SPMS) as indicated by chart notes within past 90 days
 - 1. Patient's age is within FDA labeling for the requested indication for the requested agent **and**
 - 2. If the requested agent is Kesimpta, then **one** of the following applies:
 - a) Patient has had an inadequate response to rituximab or
 - b) A noted adverse reaction, or contraindication to rituximab that is not expected to occur with use of requested agent **and**
 - 3. If the requested agent is fingolimod and the patient is a female of reproductive potential then the prescriber notes the patient is not pregnant prior to initiation of treatment with requested agent and the patient will use effective contraception throughout treatment **and**
 - 4. If the requested agent is fingolimod, then chart notes do not indicate that the patient has any of the following:
 - Recent myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure with hospitalization, or Class III/IV heart failure
 - b) History of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless patient has a pacemaker
 - c) A baseline QTc interval ≥ 500 msec
 - d) Cardiac arrhythmias requiring anti-arrhythmic treatment with Class Ia or Class III anti-arrhythmic drugs
 - e) Patient does not have Progressive Multifocal Leukoencephalopathy





(PML) and

- 5. If the requested agent is Kesimpta, then chart notes do not indicate that the patient has active hepatitis B viral infection **and**
- 6. If the requested agent is Avonex, must have documented failure of betaseron and
- 7. Patient will NOT be using the requested agent in combination with an additional disease modifying therapy (DMT) for the requested indication; with exception of an agent used in combination with Mavenclad (cladribine) and the prescriber has provided justification for combination use (e.g., using DMT for relapse between cycles of Mavenclad) and
- 8. Prescriber is a specialist, or has consulted with a specialist, in the area of the patient's diagnosis (e.g., neurology)

Approval Duration: 12 months

II. Continued Therapy Approval

- A. Clinically Isolated Syndrome (CIS), Relapsing Remitting Multiple Sclerosis (RRMS) or Active Secondary Progressive Multiple Sclerosis (SPMS) as indicated by chart notes within past 12 months
 - 1. Chart notes indicate patient has been on requested drug as continuation of therapy with documented clinical benefit **and**
 - 2. Prescriber is monitoring patient for adverse effects (e.g., PML development, liver dysfunction, cardiovascular dysfunction) **and**
 - 3. Patient's age is within FDA labeling for the requested indication for the requested agent **and**
 - 4. If the requested agent is Kesimpta, then chart notes do not indicate that the patient has active hepatitis B viral infection **and**
 - 5. If the requested agent is Avonex, must have documented failure of betaseron and
 - 6. Patient will NOT be using the requested agent in combination with an additional disease modifying therapy (DMT) for the requested indication; with exception of an agent used in combination with Mavenclad (cladribine) and the prescriber has provided justification for combination use (e.g., using DMT for relapse between cycles of Mavenclad) and
 - 7. Prescriber is a specialist, or has consulted with a specialist, in the area of the patient's diagnosis (e.g., neurology)

Last Revised: 11/2025

Approval Duration: 12 months

Policy Owned by: Curative PBM team