

PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Multiple Sclerosis Preferred Specialty Management Policy

REVIEW DATE: 11/08/2023; selected revision 03/27/2024

OVERVIEW

This Preferred Specialty Management policy involves the use of selected self-administered injectable products and selected oral disease-modifying agents used for **multiple sclerosis**.¹⁻⁶ All products are indicated for use in adults. Of note, fingolimod and Tascenso ODT are the only agents specifically indicated for children ≥ 10 years of age for the treatment of relapsing forms of multiple sclerosis.^{3,6} A practice guideline recommendation regarding disease-modifying agents for adults with multiple sclerosis from the American Academy of Neurology (2018) includes fingolimod as one of the agents to consider for patients with multiple sclerosis who have highly active disease.⁷

POLICY STATEMENT

The Multiple Sclerosis Preferred Specialty Management Program has been developed to encourage the use of the Preferred Products. For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. The Program also directs the patient to try both Preferred Products prior to the approval of a Non-Preferred Product. Requests for Non-Preferred Products will also be reviewed using the exception criteria (below). All approvals are provided for 1 year. If a patient requesting a Non-Preferred Product meets the standard *Prior Authorization Policy* criteria but has not tried both Preferred Products (generic glatiramer injection and generic dimethyl fumarate delayed-release capsules), an offer to review for the Preferred Products will be made.

The Tecfidera (Brand) Preferred Specialty Management Program has been developed to encourage the use of generic dimethyl fumarate delayed-release capsules. For all medications (Preferred and Non-Preferred) the patient is required to meet the respective standard *Prior Authorization Policy* criteria. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). All approvals are provided for 1 year. If a patient requesting the Non-Preferred Product (Tecfidera [brand]) meets the standard *Prior Authorization Policy* criteria but has not tried the Preferred Product, an offer to review for the Preferred Product will be made.

The Fingolimod Preferred Specialty Management Program has been developed to encourage the use of the Preferred Products (generic dimethyl fumarate delayed-release capsules and generic fingolimod capsules). For all medications (Preferred and Non-Preferred) the patient is required to meet the respective standard *Prior Authorization Policy* criteria. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). All approvals are provided for 1 year. If a patient requesting a Non-Preferred Product meets the standard *Prior Authorization Policy* criteria but has not tried the Preferred Products, an offer to review for the Preferred Products will be made.

The Aubagio Preferred Specialty Management Program has been developed to encourage the use of the Preferred Products (generic glatiramer injection, generic dimethyl fumarate delayed-release capsules, generic fingolimod capsules, and generic teriflunomide tablets). For all medications (Preferred and Non-Preferred), the patient is required to meet the respective standard *Prior Authorization Policy* criteria. Requests for the Non-Preferred Product will also be reviewed using the exception criteria (below). All approvals are provided for 1 year. If a patient requesting a Non-Preferred Product meets the standard *Prior*

Authorization Policy criteria but has not tried the Preferred Products, an offer to review for the Preferred Products will be made.

Documentation: Documentation is required for use of certain products as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, magnetic resonance imaging reports, and/or other information.

Automation: None.

Multiple Sclerosis Preferred Specialty Management Program

Preferred Products: generic glatiramer injection and generic dimethyl fumarate delayed-release capsules
Non-Preferred Products: Copaxone, Extavia

Tecfidera (Brand) Preferred Specialty Management Program

Preferred Product: generic dimethyl fumarate delayed-release capsules
Non-Preferred Product: Tecfidera (brand)

Fingolimod Preferred Specialty Management Program

Preferred Products: generic fingolimod capsules and generic dimethyl fumarate delayed-release capsules
Non-Preferred Products: Gilenya (brand), Tascenso ODT

Aubagio Preferred Specialty Management Program

Preferred Products: generic teriflunomide tablets and generic glatiramer injection and generic dimethyl fumarate delayed-release capsules and generic fingolimod capsules
Non-Preferred Product: Aubagio (brand)

RECOMMENDED EXCEPTION CRITERIA

I. Multiple Sclerosis Preferred Specialty Management Program

Tecfidera (Brand) Preferred Specialty Management Program

Fingolimod Preferred Specialty Management Program

Aubagio Preferred Specialty Management Program

REFERENCES

1. Copaxone® subcutaneous injection [prescribing information]. Parsippany, NJ: Teva; February 2023.
2. Extavia® subcutaneous injection [prescribing information]. East Hanover, NJ: Novartis; July 2023.
3. Gilenya® capsules [prescribing information]. East Hanover, NJ: Novartis; September 2023.
4. Aubagio® tablets [prescribing information]. Cambridge, MA: Genzyme/Sanofi; December 2022.
5. Tecfidera® delayed-release capsules [prescribing information]. Cambridge, MA: Biogen; February 2023.
6. Tascenso ODT™ [prescribing information]. Cambridge, UK and San Jose, CA: Cycle/Handa; August 2023.
7. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: disease-modifying therapies for adults with multiple sclerosis. Report of the guideline development, dissemination, and implementation subcommittee of the American Academy of Neurology. *Neurology*. 2018;90:777-788.

