group health Cooperative of eau claire	DEPARTMENT:	Utilization Management
	SUBJECT:	Multiple Sclerosis
	PRODUCT LINE:	All
	POLICY NUMBER:	UM119
	ORIGINAL POLICY EFFECTIVE DATE:	12/21/2021
KMTSJ, Inc.	LAST REVISED DATE:	12/21/2021

SCOPE:
To ensure Group Health Cooperative of Eau Claire consistently and correctly administers benefits to all members according to their policy benefits.

POLICY:
It is the policy of Group Health Cooperative of Eau Claire to review requests for multiple sclerosis treatments according to member policy and evidence-based medical criteria through the prior authorization process.

PROCEDURE: Prior Authorization Required: YES

Coverage Criteria for Relapsing-Remitting MS (RRMS)

First Line treatments:
First line treatment for RRMS includes the following conventional therapies:

Oral
Fingolimod (Gilenya)
Teriflunomide (Aubagio)
Dimethyl fumarate (Tecfidera) *
Monomethyl fumarate (Bafiertam)
Siponimod (Mayzent)
Diroximel fumarate (Vumerity)
Ozanimod (Zeposia)
dalfampridine (Ampyra)

Subcutaneous
Glatiramer acetate (Copaxone) *

Second line treatments:
Member must have a diagnosis of moderate-severe RRMS and had an insufficient response to at least 3 of the conventional therapies listed under the first line treatments including Copaxone and Tecfidera.

Oral
Cladribine (Mavenclad)

Subcutaneous
Ofatumumab (Kesimpta)
Interferon beta -1a (Avonex)
Interferon beta -1a (Rebif)
Peginterferon beta-1a (Plegridy)
Interferon beta -1b (Betaseron)
Interferon beta -1b (Extavia)

Third line treatments:
Member must have a diagnosis of moderate-severe RRMS and had an insufficient response to at least 2 of the conventional therapies listed under the second line treatments.

Intravenous
Natalizumab (Tysabri)
Mitoxantrone hydrochloride
Ocrelizumab (Ocrevus)

Coverage Criteria for Secondary Progressive MS (SPMS)

First Line treatments:
First line treatment for SPMS includes the following conventional therapies:

Oral
Fingolimod (Gilenya)
Teriflunomide (Aubagio)
Dimethyl fumarate (Tecfidera) *
Monomethyl fumarate (Bafiertam)
Siponimod (Mayzent)
Diroximel fumarate (Vumerity)
Ozanimod (Zeposia)
dalfampridine (Ampyra)

Subcutaneous
Glatiramer acetate (Copaxone) *

Second line treatments:
Member must have a diagnosis of moderate-severe SPMS and had an insufficient response to at least 3 of the conventional therapies listed under the first line treatments including Copaxone and Tecfidera.

Oral
Cladribine (Mavenclad)

Subcutaneous
Ofatumumab (Kesimpta)
Interferon beta -1a (Avonex)
Interferon beta -1a (Rebif)
Peginterferon beta-1a (Plegridy)
Interferon beta -1b (Betaseron)
Interferon beta -1b (Extavia)

Third line treatments:
Member must have a diagnosis of moderate-severe SPMS and had an insufficient response to at least 2 of the conventional therapies listed under the second line treatments.

Intravenous
Natalizumab (Tysabri)
Mitoxantrone hydrochloride
Ocrelizumab (Ocrevus)

Coverage Criteria for Primary Progressive MS (PPMS)

First Line treatments:
First line treatment for those diagnosed with PPMS meeting the following criteria:

1. One year of disease progression (worsening of neurological function without remission)
2. Two of the following
    a. A type of lesion in the brain that is recognized by experts in as being typical of MS
    b. Two or more lesions of a similar type in the spinal cord
    c. Evidence in the spinal fluid of oligoclonal band or an elevated IgG index, both of which are indicative of immune system activity in the central nervous system.

Subcutaneous
Glatiramer acetate (Copaxone) (Glatopa)

Intravenous
Ocrelizumab (Ocrevus)

APPROVED: _____ DATE:

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision