MULTIPLE SCLEROSIS ORAL AGENTS

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

INITIATION OF THERAPY:

- Patient must be ≥ 18 years old.
- Must have a diagnosis of a relapsing form of Multiple Sclerosis verified by progress notes, discharge notes, or “health conditions”.
- Previous trial with insufficient response, adverse reaction or contraindication to preferred agent, Aubagio, is required for agents with the indication of multiple sclerosis, relapsing forms. Non-preferred oral agents: Gilenya, Tecfidera and Ampyra (see specific criteria).