



# MASSACHUSETTS

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## Pharmacy Medical Policy Multiple Sclerosis Step Therapy

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### Policy Number: 839

BCBSA Reference Number: None

### Related Policies

- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #[621A](#)

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

**Note:** All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Standard Formulary for Multiple Sclerosis Step Chart	
<b>STEP 1</b>	
dimethyl fumarate	Covered
glatiramer	
Glatopa ® (glatiramer)	
<b>STEP 2</b>	
Aubagio ® (teriflunomide)	Prior use of one Step 1 Required
Avonex ® (interferon beta-1a)	
Bafiertam ™ (monomethyl fumarate)	

Betaseron ® (interferon beta-1b)	
Gilenya ® (fingolimod)	
Kesimpta ® (ofatumumab)	
Mavenclad ® (cladribine)	
Mayzent ® (siponimod)	
Plegridy ® (peginterferon beta-1a)	
Rebif ® (interferon beta-1a)	
Zeposia ® (ozanimod)	
<b>STEP 3</b>	
Copaxone ®# (glatiramer)	Requires prior use of two step 2 medications.
Extavia ®# (interferon beta-1b)	
Tascenso ODT ™ (fingolimod)	
Tecfidera ®# (dimethyl fumarate)	
Ponvory ™# (ponesimod)	
Vumerity ™# (diroximel fumarate)	

**#-For non-formulary/non-covered medications, requests must meet criteria above and the member must have had a previous treatment failure with or a contraindication to two covered formulary step 2 alternatives when available.**

## Step Therapy Criteria for Multiple Sclerosis

We may cover the following Multiple Sclerosis medications listed in the Step chart above for new starts\* in the following stepped approach:

\*New start is defined as no previous paid claim for the requested medication within the past 130 days.

**Step 1:** Formulary step 1 medications will be covered without prior authorization

**Step 2:** Formulary step 2 medications may be covered when one of the following criteria is met:

- There must be evidence of a BCBSMA paid claims in the Step 1 drug class within the previous 130 days or previous treatment.

**OR**

- There must be evidence of a BCBSMA paid claim by the patient of a Step 2 drug within the previous 130 days or previous treatment.

**Step 3:** Step 3# medications may be covered when the following criteria is met:

- There must be evidence of BCBSMA paid claims by the patient of prior use of two (2) step 2 medication within the previous 130 days or previous treatment.

**OR**

There must be evidence of a BCBSMA paid claim by the patient of the Step 3 drug within the previous 130 days or previous treatment. If the Medication is Not Covered/Non-formulary the drug needs to meet requirements for a Formulary Exception for continued coverage.:

**NOTE:** If a Provider submits a request and BCBSMA issues an approval for a step medication, the authorization will be granted for up to two (2) years. If the Member has claims history verifying a fill of a formulary step 1 or formulary step 2 medication within the past 130 days, and no break in coverage, then formulary step 2 medications will continue to pay at point of sale. If the Member has claims history verifying a fill of a formulary step 2 or formulary step 3 medication within the past 130 days, and no break

in coverage, then formulary step 3 medications will continue to pay at point of sale. Non-formulary (not covered) medications within a step policy will not have any automation and a paper, electronic or phone call is required.

**For non-formulary/non-covered medications, requests must meet criteria above and the member must have had a previous treatment failure with or a contraindication to two covered formulary alternatives when available.**

We do not cover the medications listed above for other conditions not listed above.

## CPT Codes / HCPCS Codes / ICD-9 Codes

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

### CPT Codes

There is no specific CPT code for this service.

### Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
25 Technology Place  
Hingham, MA 02043  
Tel: 1-800-366-7778  
Fax: 1-800-583-6289

### Managed Care Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.  
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.

### PPO and Indemnity Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.  
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.

## Policy History

Date	Action
8/2022	Updated to add Tascenso ODT™ to step 3 of the policy.
1/1/2022	Implement new step policy for Multiple Sclerosis.

## References

1. Aubagio® [package insert]. Cambridge, MA: Genzyme Corporation.: 10/2021.
2. Zeposia® [package insert]. Summit, NJ: Celgene Corporation: 6/2021.
3. Avonex® [package insert]. Cambridge, MA: Biogen Inc.: 12/2020.
4. Bafiertam™ [package insert]. High Point, NC: Banner Life Sciences LLC.: 4/2020.
5. Betaseron® [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.: 3/2021.
6. Gilenya® [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation.: 7/2021.
7. Kesimpta® [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation.: 9/2021.
8. Mavenclad® [package insert]. Rockland, MA: EMD Serono, Inc.: 4/2019.
9. Mayzent® [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation.: 7/2021.
10. Plegridy® [package insert]. Cambridge, MA: Biogen Inc.: 6/2021.
11. Rebif® [package insert]. Rockland, MA: EMD Serono, Inc.: 8/2021.
12. Zeposia® [package insert]. Summit, NJ: Celgene Corporation: 6/2021.
13. Copaxone® [package insert]. Parsippany, NJ: Teva Neuroscience, Inc: 7/2020.
14. Extavia® [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation.: 9/2021.
15. Tecfidera® [package insert]. Cambridge, MA: Biogen Inc.: 6/2021
16. Ponvory™ [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.: 4/2021
17. Vumerity™ [package insert]. Cambridge, MA: Biogen Inc.: 1/2021
18. Tascenso™ [package insert]. San Jose, CA: Handa Neuroscience, LL.: 12/2021

**To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:**

[http://www.bluecrossma.com/common/en\\_US/medical\\_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf](http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf)