

Oral Multiple Sclerosis Agents Drug Use Criteria

Created: October 2017

Reviewed: May 2019

Includes:

Gilenya ©	<i>Fingolimod</i>
Aubagio ©	<i>Teriflunomide</i>
Tecfidera ©	<i>Dimethyl Fumarate</i>
Firdapse ©	<i>Amifampridine Phosphate</i>
Mavenclad ©	<i>Cladribine</i>
Mayzent ©	<i>Siponimod</i>

GUIDELINE FOR USE:

Initial Request:

For consideration of coverage, refer to the Oregon Medicaid Fee-For-Service Drug Use Criteria for Oral Multiple Sclerosis agents, available at:

http://www.orpdl.org/durm/PA_Docs/multiple_sclerosis_oral.pdf

Rationale:

To ensure medically appropriate, cost effective use of medications based on the best available evidence and to align with the Oregon Medicaid FFS Drug Use Criteria.

References:

1. Oregon Medicaid FFS Drug Use Criteria. Oral Multiple Sclerosis Drugs. Drug Use Research and Management. Health Systems Division. Oregon Health Authority.