

Tascenso ODT (Fingolimod)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Zeposia (Ozanimod)

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Revision Notes

Added criteria for Tascenso ODT for presentation to DUR Board



MS Agents

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
AMPYRA ER 10 MG TABLET	28246
AUBAGIO 14 MG TABLET	33262
AUBAGIO 7 MG TABLET	33259
DALFAMPRIDINE ER 10 MG TABLET	28246
MAVENCLAD 10 MG X 10 TABLET PK	44338
MAVENCLAD 10 MG X 4 TABLET PK	44338
MAVENCLAD 10 MG X 5 TABLET PK	44338
MAVENCLAD 10 MG X 6 TABLET PK	44338
MAVENCLAD 10 MG X 7 TABLET PK	44338
MAVENCLAD 10 MG X 8 TABLET PK	44338
MAVENCLAD 10 MG X 9 TABLET PK	44338
MAYZENT 0.25 MG STARTER PACK	46135
MAYZENT 0.25 MG TABLET	46134
MAYZENT 2 MG TABLET	46133
PONVORY 14-DAY STARTER PACK	49396
PONVORY 20 MG TABLET	49395
TASCENSO ODT 0.25 MG TABLET	52637
ZEPOSIA 0.23-0.46 MG START PCK	47864
ZEPOSIA 0.92 MG CAPSULE	47863
ZEPOSIA 0.23-0.46-0.92 MG KIT	47865

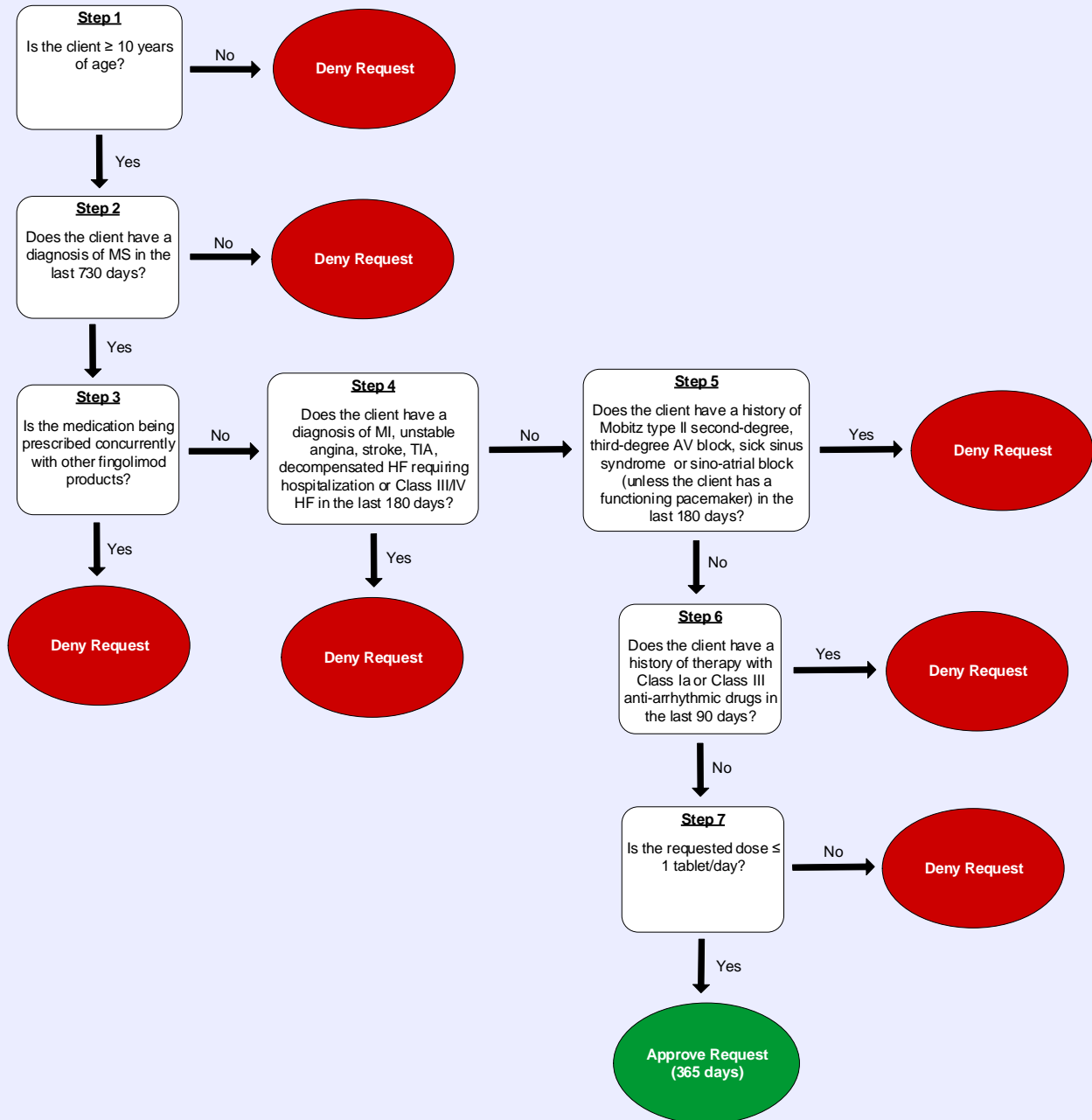


MS Agents
Tascenso ODT (Fingolimod)
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 10 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of **multiple sclerosis (MS)** in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Is the medication being prescribed concurrently with other **fingolimod products**?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a diagnosis of **myocardial infarction (MI), unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization or Class III/IV heart failure** in the last 180 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a history of **Mobitz type II second-degree, third-degree AV block, sick sinus syndrome or sino-atrial block** (unless the client has a functioning **pacemaker**) in the last 180 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a history of therapy with **Class Ia or Class III anti-arrhythmic drugs** in the last 90 days?
 Yes (Deny)
 No (Go to #7)
7. Is the requested dose less than or equal to (\leq) 1 tablet/day?
 Yes (Approve – 365 days)
 No (Deny)



MS Agents Tascenso ODT (Fingolimod) Clinical Criteria Logic Diagram



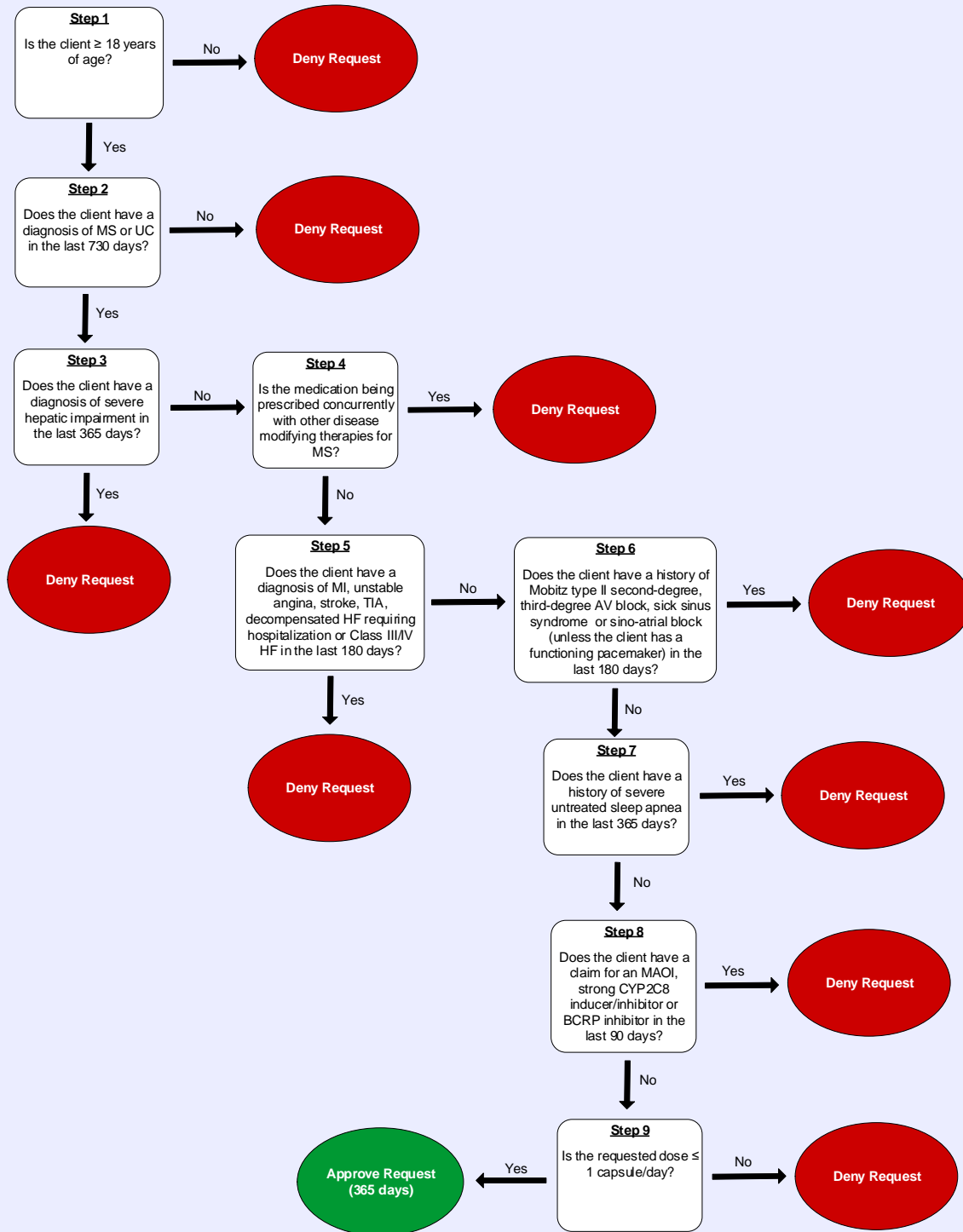


MS Agents
Zeposia (Ozanimod)
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of **multiple sclerosis** or **ulcerative colitis** in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a diagnosis of **severe hepatic impairment** in the last 365 days?
 Yes (Deny)
 No (Go to #4)
4. Is the medication being prescribed concurrently with other **disease modifying therapies for MS**?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a diagnosis of **myocardial infarction (MI), unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization or Class III/IV heart failure** in the last 180 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a history of **Mobitz type II second-degree, third-degree AV block, sick sinus syndrome or sino-atrial block** (unless the client has a functioning pacemaker) in the last 180 days?
 Yes (Deny)
 No (Go to #7)
7. Does the client have a history of severe untreated **sleep apnea** in the last 365 days?
 Yes (Deny)
 No (Go to #8)
8. Does the client have a claim for a **monoamine oxidase inhibitor (MAOI), strong CYP2C8 inhibitor/inducer or BCRP inhibitor** in the last 90 days?
 Yes (Deny)
 No (Go to #9)



MS Agents Zeposia (Ozanimod) Clinical Criteria Logic Diagram





MS Agents

Clinical Criteria Supporting Tables

Multiple Sclerosis (MS)	
ICD-10 Code	Description
G35	MULTIPLE SCLEROSIS

Ulcerative Colitis (UC)	
ICD-10 Code	Description
K5100	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS
K51011	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING
K51012	ULCERATIVE (CHRONIC) PANCOLITIS WITH INTESTINAL OBSTRUCTION
K51013	ULCERATIVE (CHRONIC) PANCOLITIS WITH FISTULA
K51014	ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS
K51018	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION
K51019	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS
K5120	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS
K51211	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING
K51212	ULCERATIVE (CHRONIC) PROCTITIS WITH INTESTINAL OBSTRUCTION
K51213	ULCERATIVE (CHRONIC) PROCTITIS WITH FISTULA
K51214	ULCERATIVE (CHRONIC) PROCTITIS WITH ABSCESS
K51218	ULCERATIVE (CHRONIC) PROCTITIS WITH OTHER COMPLICATION
K51219	ULCERATIVE (CHRONIC) PROCTITIS WITH UNSPECIFIED COMPLICATIONS
K5130	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS
K51311	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING
K51312	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH INTESTINAL OBSTRUCTION
K51313	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH FISTULA
K51314	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH ABSCESS
K51318	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH OTHER COMPLICATION
K51319	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH UNSPECIFIED COMPLICATIONS
K5180	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS
K51811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING

Pregnancy diagnoses	
ICD-10 Code	Description
O3673X5	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, FETUS 5
O3673X9	MATERNAL CARE FOR VIABLE FETUS IN ABDOMINAL PREGNANCY, THIRD TRIMESTER, OTHER FETUS

Severe Hepatic Impairment	
ICD-10 Code	Description
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED

Severe Hepatic Impairment	
ICD-10 Code	Description
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

Class IA/III Antiarrhythmic Agents	
Description	GCN
AMIODARONE HCL 100 MG TABLET	10922
AMIODARONE HCL 200 MG TABLET	10920
AMIODARONE HCL 400 MG TABLET	12465
DISOPYRAMIDE 100 MG CAPSULE	01130
DISOPYRAMIDE 150 MG CAPSULE	01131
DOFETILIDE 125 MCG CAPSULE	92287
DOFETILIDE 250 MCG CAPSULE	92297
DOFETILIDE 500 MCG CAPSULE	92307
MULTAQ 400 MG TABLET	26586
NORPACE 100 MG CAPSULE	01130
NORPACE 150 MG CAPSULE	01131
NORPACE CR 100 MG CAPSULE	01140
NORPACE CR 150 MG CAPSULE	01141
PACERONE 100 MG TABLET	10921
PACERONE 200 MG TABLET	10920
PACERONE 400 MG TABLET	12465
QUINIDINE GLUC ER 324 MG TAB	01011
QUINIDINE SULFATE 200 MG TAB	01053
QUINIDINE SULFATE 300 MG TAB	01055
SORINE 120 MG TABLET	39516
SORINE 160 MG TABLET	39511
SORINE 240 MG TABLET	39513
SORINE 80 MG TABLET	39512
SOTALOL 120 MG TABLET	39516
SOTALOL 160 MG TABLET	39511
SOTALOL 240 MG TABLET	39513

Class IA/III Antiarrhythmic Agents	
Description	GCN
SOTALOL 80 MG TABLET	39512
SOTALOL AF 120 MG TABLET	39516
SOTALOL AF 160 MG TABLET	39511
SOTALOL AF 80 MG TABLET	39512
SOTYLIZE 5 MG/ML ORAL SOLUTION	37877
TIKOSYN 125 MCG CAPSULE	92287
TIKOSYN 250 MCG CAPSULE	92297
TIKOSYN 500 MCG CAPSULE	92307

Fingolimod Products	
Description	GCN
FINGOLIMOD 0.5 MG CAPSULE	29073
GILENYA 0.25 MG CAPSULE	44798
GILENYA 0.5 MG CAPSULE	29073

Leflunomide	
Description	GCN
ARAVA 10 MG TABLET	67031
ARAVA 20 MG TABLET	67032
LEFLUNOMIDE 10 MG TABLET	67031
LEFLUNOMIDE 20 MG TABLET	67032

Rosuvastatin	
Description	GCN
CRESTOR 10MG TABLET	19153
CRESTOR 20MG TABLET	19154
CRESTOR 40MG TABLET	19155
CRESTOR 5MG TABLET	20229
EZALLOR SPRINKLE 10MG CAPSULE	39996
EZALLOR SPRINKLE 20MG CAPSULE	40734
EZALLOR SPRINKLE 40MG CAPSULE	41027
EZALLOR SPRINKLE 5MG CAPSULE	38314
ROSUVASTATIN 10MG TABLET	19153
ROSUVASTATIN 20MG TABLET	19154
ROSUVASTATIN 40MG TABLET	19155

Rosuvastatin	
Description	GCN
ROSUVASTATIN 5MG TABLET	20229

Disease Modifying Therapies for MS	
Description	GCN
AUBAGIO 14 MG TABLET	33262
AUBAGIO 7 MG TABLET	33259
AVONEX PEN 30 MCG/0.5 ML KIT	30222
AVONEX PREFILLED SYR 30 MCG KIT	20147
BAFIERTAM DR 95 MG CAPSULE	48156
BETASERON 0.3 MG KIT	98376
COPAXONE 20 MG/ML SYRINGE	17178
COPAXONE 40 MG/ML SYRINGE	35983
DIMETHYL FUMARATE 30D START PK	34433
DIMETHYL FUMARATE DR 120 MG CP	34434
DIMETHYL FUMARATE DR 240 MG CP	34435
EXTAVIA 0.3 MG KIT	98376
GILENYA 0.5 MG CAPSULE	29073
GLATIRAMER 20 MG/ML SYRINGE	17178
GLATIRAMER 40 MG/ML SYRINGE	35983
GLATOPA 20 MG/ML SYRINGE	17178
GLATOPA 40 MG/ML SYRINGE	35983
KESIMPTA 20 MG/0.4 ML PEN	48513
MAYZENT 0.25 MG STARTER PACK	46135
MAYZENT 0.25 MG TABLET	46134
MAYZENT 2 MG TABLET	46133
MITOXANTRONE 20 MG/10 ML VL	07544
MITOXANTRONE 25 MG/12.5 ML VL	07544
MITOXANTRONE 30 MG/15 ML VL	07544
PLEGRIDY 125 MCG/0.5 ML PEN	36958
PLEGRIDY 125 MCG/0.5 ML SYRINGE	36948
PLEGRIDY PEN INJ STARTER PACK	36956
PONVORY 14-DAY STARTER PACK	49396
PONVORY 20 MG TABLET	49395
PLEGRIDY SYRINGE STARTER PACK	36947
REBIF 22 MCG/0.5 ML SYRINGE	15914
REBIF 44 MCG/0.5 ML SYRINGE	15918
REBIF REBIDOSE 22 MCG/0.5 ML	34167

Clinically isolated syndrome, malignancy, HIV infection or active chronic infection	
ICD-10 Code	Description
D038	MELANOMA IN SITU OF OTHER SITES
D039	MELANOMA IN SITU, UNSPECIFIED
G369	ACUTE DISSEMINATED DEMYELINATION, UNSPECIFIED
G378	OTHER SPECIFIED DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM
G379	DEMYELINATING DISEASE OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED

MI, unstable angina, stroke, TIA or HF	
ICD-10 Code	Description
G458	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED
I200	UNSTABLE ANGINA
I209	ANGINA PECTORIS, UNSPECIFIED
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE

MI, unstable angina, stroke, TIA or HF	
I63541	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY
I63542	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CEREBELLAR ARTERY
I63549	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6359	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER CEREBRAL ARTERY
I636	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
I638	OTHER CEREBRAL INFARCTION
I639	CEREBRAL INFARCTION, UNSPECIFIED

Mobitz type II second-degree, third-degree AV block, sick sinus syndrome or sino-atrial block	
ICD-10 Code	Description
I441	ATRIOVENTRICULAR BLOCK, SECOND DEGREE
I442	ATRIOVENTRICULAR BLOCK, COMPLETE
I455	OTHER SPECIFIED HEART BLOCK
I495	SICK SINUS SYNDROME

Cardiac Pacemaker	
ICD-10 Code	Description
Z950	PRESENCE OF CARDIAC PACEMAKER
Z45010	ENCOUNTER FOR CHECKING AND TESTING OF CARDIAC PACEMAKER PULSE GENERATOR [BATTERY]
Z45018	ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF OTHER PART OF CARDIAC PACEMAKER

Sleep Apnea	
ICD-10 Code	Description
G4730	SLEEP APNEA, UNSPECIFIED
G4731	PRIMARY CENTRAL SLEEP APNEA
G4732	HIGH ALTITUDE PERIODIC BREATHING
G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
G4734	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION
G4735	CONGENITAL CENTRAL ALVEOLAR HYPOVENTILATION SYNDROM

Sleep Apnea	
ICD-10 Code	Description
G4736	SLEEP RELATED HYPOVENTILATION IN CONDITIONS CLASSIFIED ELSEWHERE
G4737	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE
G4739	OTHR SLEEP APNEA

MAOI, strong CYP2C8 inducer/inhibitor or BCRP inhibitor	
LABEL NAME	GCN
AUBAGIO 14 MG TABLET	33262
AUBAGIO 7 MG TABLET	33259
AZILECT 0.5 MG TABLET	27081
AZILECT 1 MG TABLET	24654
CLOPIDOGREL 300 MG TABLET	99266
CLOPIDOGREL 75 MG TABLET	96010
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MOD 100 MG	13919
CYCLOSPORINE MOD 100 MG/ML	13917
CYCLOSPORINE MOD 25 MG	13918
CYCLOSPORINE MOD 50 MG	13916
DEFERASIROX 125 MG TB FOR SUSP	26042
DEFERASIROX 180 MG GRANULE	43466
DEFERASIROX 180 MG TABLET	38245
DEFERASIROX 250 MG TB FOR SUSP	26043
DEFERASIROX 360 MG TABLET	38246
DEFERASIROX 500 MG TB FOR SUSP	26044
DEFERASIROX 90 MG GRANULE	43449
DEFERASIROX 90 MG TABLET	38244
EMSAM 12MG/24 HOURS PATCH	26614
EMSAM 6MG/24 HOURS PATCH	26612
EXJADE 125 MG TABLET	26042
EXJADE 250 MG TABLET	26043
EXJADE 500 MG TABLET	26044
GEMFIBROZIL 600 MG TABLET	25540
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
GENGRAF 75 MG CAPSULE	13918
JADENU 180 MG TABLET	38246
JADENU 360 MG TABLET	38246



MS Agents

Clinical Criteria References

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
04/23/2021	<ul style="list-style-type: none">Initial publication and presentation to the DUR Board
06/08/2021	<ul style="list-style-type: none">Added ulcerative colitis as an approvable diagnosis for Zeposia
07/23/2021	<ul style="list-style-type: none">Added clinical criteria for Ponvory as approved by the DUR Board
05/24/2022	<ul style="list-style-type: none">Annual review by staffUpdated references
01/20/2023	<ul style="list-style-type: none">Added criteria for Tascenso ODT