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**2024
RX GUIDE**

MULTIPLE SCLEROSIS

If you or a family member covered under your health plan has a diagnosis of multiple sclerosis, knowing the cost of medications can help you make a more informed decision when selecting a plan.

This guide developed by the District of Columbia Department of Insurance, Securities and Banking provides an overview of several commonly prescribed drugs to treat multiple sclerosis. For each insurance company offering plans for sale on DC Health Link, the chart on the next page depicts the name of each drug along with the corresponding drug cost-sharing.

Reference the chart on the next page alongside your potential plans' Summary of Benefits and Coverage (SBC) to get an idea of your out-of-pocket prescription cost. Once you have identified the drug's cost-sharing tier, use each plan's SBC on DC Health Link to find the actual out-of-pocket cost-sharing of the drug.

As you consider different plan options, also check your SBC to see whether your cost-sharing on prescription drugs will apply before or after you reach your deductible.

2024 Multiple Sclerosis Rx Review Guide

Reference your Summary of Benefits Coverage when comparing these plans.

Covered Multiple Sclerosis Drugs	District of Columbia Insurance Companies							
	Aetna		CareFirst		Kaiser Permanente		United Healthcare	
	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance*	Restrictions	Copay/ Coinsurance ²
INJECTABLE TREATMENTS								
Avonex	Not Covered		Not Covered		PA	\$25-\$110; 0%-50%	PA	\$0-\$100
Betaseron	PA	40% up to \$150	PA	\$0-\$150 after ded*	N/R	\$15-\$110; 0%-50%	PA	\$0-\$100
Copaxone ¹	Not Covered		PA	\$0-\$150 after ded*	N/R	\$25-\$150; 0%-50%	Not Covered	
Extavia	Not Covered		Not Covered		N/R	\$25-\$110; 0%-50%	Not Covered	
Glatopa	PA	\$15-\$95	PA	\$0-\$75 after ded*	N/R	\$5-\$45; 0%-20%	PA	\$0-\$100
Plegridy	Not Covered		Not Covered		PA	\$100-\$150; 0%-50%	PA	\$0-\$150
Rebif	PA	40% up to \$150	Not Covered		PA	\$25-\$110; 0%-50%	Not Covered	
ORAL TREATMENTS								
Aubagio	Not Covered		PA	\$0-\$150 after ded*	PA	\$100-\$150; 0%-50%	PA	\$0-\$150
Gilenya	PA	40% up to \$150	PA	\$0-\$150 after ded*	PA	\$100-\$150; 0%-50%	PA	\$0-\$150
Tecfidera	Not Covered		Not Covered		PA	\$100-\$150; 0%-50%	Not Covered	
INTRAVENOUS INFUSION TREATMENT								
Lemtrada	PA	Medical	Not Covered		Medical		Medical	
Mitoxantrone	N/A	Medical	Medical		Medical		Medical	
Tysabri	PA	Medical	Medical		Medical		Medical	

Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up to date information.

KEY	
PA	Pre-Authorization
ST	Step Therapy
Ded	Deductible
N/A	Not Available
N/C	Not Covered
N/R	No Restriction
Medical	Covered under your medical benefit

* The cost share for this drug could be a copayment or coinsurance depending on the plan. Coinsurance is 20-50% after deductible.

¹Brand Copaxone is not covered but the Glatiramer acetate (generic Copaxone) is covered.

²The cost share for this drug could be a copayment or coinsurance depending on the plan. Co-insurance ranges from 30% - 50%.