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**2026
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 DC 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 the Summary of Benefits and Coverage (SBC) for your potential plan to get an idea of your out-of-pocket prescription costs. 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.

2026 Multiple Sclerosis Rx Review Guide

Covered Multiple Sclerosis Drugs	District of Columbia Insurance Companies					
	CareFirst		Kaiser Permanente		UnitedHealthcare	
Drug Names	Restrictions	Copayment/Coinsurance	Restrictions	Copayment/Coinsurance*	Restrictions	Copayment/Coinsurance ¹
Avonex	Not Covered		PA	\$25-\$100; 0%-50%	PA	\$70-\$150
Betaseron	PA	\$0-\$150 after ded*	NR	\$15-\$75; 0%-50%	PA	\$70-\$150
Copaxone	PA	\$0-\$150 after ded*	NR	\$25-\$150; 0%-50%	Not Covered	
Extavia	Not Covered		NR	\$25-\$100; 0%-50%	Not Covered	
Glatopa	PA	\$0-\$75 after ded*	NR	\$5-\$40; 0%-20%	PA	\$70-\$150
Plegridy	Not Covered		PA	\$100-\$150; 0%-50%	PA	\$150
Rebif	Not Covered		PA	\$25-\$100; 0%-50%	Not Covered	
Oral Treatments						
Aubagio/Generic	PA	\$0-\$150 after ded*	PA	\$100-\$150; 0%-50%	NC/PA	NC/\$70-\$150
Gilenya/Generic	PA	\$0-\$150 after ded* ²	PA	\$100-\$150; 0%-50%	NC/PA	NC/\$5-\$25
Tecfidera/Generic	Not Covered		PA	\$100-\$150; 0%-50%	NC/PA	NC/\$5-\$25
Intravenous Infusion Treatment						
Lemtrada	Not Covered		Medical		Medical	
Mitoxantrone	Medical		Medical		Medical	
Tysabri	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.

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

¹ The cost share for this drug could be a copayment or coinsurance depending on the plan. Co-insurance ranges from 30% - 50%.

² Not covered under Small Group plans

Key	
NC	Not Covered
NA	Not Applicable
NR	No Restrictions
ST	Step Therapy
PA	Pre-Authorization
Ded	Deductible
Medical	Covered under your medical benefit