



2021 RX GUIDE

MULTIPLE SCLEROSIS

If you or a family member covered under your health plan have 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 13 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 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.

2021 Multiple Sclerosis Rx Review Guide

Reference your Summary of Benefits when referencing these plans.

District of Columbia Insurance Companies								
Aetna		CareFirst		Aetna		United Healthcare		
Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	Restrictions	Copay/ Coinsurance	
INJECTABLE TREATMENTS								
Avonex	PA/ST	50%	PA/ST	\$0-\$150 after ded*	PA	\$15-\$75; 0%-50%	PA	\$40-\$125
Betaseron	PA	40%	PA	\$0-\$150 after ded*	N/R	\$100-\$150; 0%-50%	PA	\$40-\$125
Copaxone	PA	40%	PA	\$0-\$150 after ded*	N/R	\$25-\$150; 0%-50%	PA ¹	\$40-\$120
Extavia	NA	NC	Not Covered		N/R	\$15-\$75; 0%-50%	Not Covered	
Glatopa	PA	\$55-\$65	PA	\$0-\$150 after ded	N/R	\$5-\$40; 0%-20%	PA	\$40-\$150
Plegridy	PA/ST	50%	PA/ST	\$0-\$150 after ded*	PA	\$100-\$150; 0%-50%	PA	\$75-\$150
Rebif	PA	40%	PA	\$0-\$150 after ded*	PA	\$25-\$100; 0%-50%	PA/ST	\$75-\$150
ORAL TREATMENTS								
Aubagio	PA	40%	PA	\$0-\$150 after ded*	PA	\$100-\$150; 0%-50%	PA	\$75-\$150
Gilenya	PA	40%	PA	\$0-\$150 after ded*	PA	\$100-\$150; 0%-50%	PA	\$75-\$150
Tecfidera	PA	40%	PA	\$0-\$150 after ded*	PA	\$100-\$150; 0%-50%	PA	\$40-\$150
INTRAVENOUS INFUSION TREATMENT								
Lemtrada	PA	Medical	Medical		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% after deductible (\$150 max).

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

²The cost share for this drug could be a copayment or coinsurance depending on the plan. Coinsurance ranges from 20%-30%.