

Comparative Review of MS DMARDs Coverage Across 3 Major Health Plans

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The treatment of multiple sclerosis (MS) is multifaceted and continues to evolve with novel biologics, immune modulators, and receptor modulators hitting the market. These agents target various pathways—from immune system dysregulation to central nervous system demyelination—and their placement on payer formularies can significantly affect patient access and affordability.¹

Formulary decisions are often influenced by drug class, route of administration, clinical efficacy, and cost. This complexity requires thoughtful analysis. First Report Managed Care evaluated MS drug coverage across 3 prominent insurers—Blue Cross Blue Shield (BCBS), Cigna, and UnitedHealthcare—to understand the formulary landscape for this challenging therapeutic area.

Table 1. Anti-CD20 Biologics: Formulary Coverage and Plan Restrictions

Anti-CD20 Biologics				
Drug	Tier	Plan	Requirements/ Limits	
BRIUMVI SOLUTION 150 MG/6 ML	5	BCBS ^{2,a}	PA	
KESIMPTA SOAJ 20 MG/0.4 ML	4	BCBS ^{2,a}	PA	
OCREVUS SOLUTION 300 MG/ 10 MG	4	BCBS ^{2,a}	PA	
KESIMPTA PEN	5	Cigna ^{3,b}	PA; QL (1.6/28); NDS	
BRIUMVI	5	Cigna ^{3,b}	PA; QL (24/168); NDS	
KESIMPTA SOAJ	5	UnitedHealthcare ^{4,c}	DL; QL	

^a Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²

Abbreviations: BCBS, Blue Cross Blue Shield; DL, dispensing limit; PA, prior authorization; NDS, non-extended days' supply; QL, quantity limit; SOAJ, solution auto-injector.

Anti-CD20 biologics such as BRIUMVI, KESIMPTA, and OCREVUS are critical for patients with relapsing forms of MS, offering targeted B-cell depletion.

Across BCBS's 5-Tier formulary, all 3 therapies listed in **Table 1**— BRIUMVI, OCREVUS, and KESIMPTA (SOAJ formulation)—are covered, though positioned as high-tier options. BRIUMVI is assigned to Tier 5, while OCREVUS and KESIMPTA fall under Tier 4, each requiring prior authorization (PA), signaling tighter controls for access.

Cigna applies similarly restrictive measures, placing KESIMPTA PEN in Tier 5. Beyond PA, Cigna also enforces a quantity limit (QL; 1.6/28) and non-extended day supply (NDS), adding further hurdles to patient access.

Most notably, both Cigna and UnitedHealthcare exclude coverage of OCREVUS entirely. Given the therapy's substantial annual cost—approximately \$83 000—this exclusion likely reflects formulary cost-containment strategies more than clinical considerations.⁵

Interestingly, UnitedHealthcare offers a more accessible path, designating KESIMPTA as Tier 2 under its 3-Tier plan—signifying a preferred brand placement, albeit with PA and QL requirements.

Table 2. Myelin Basic Protein Analogs: Formulary Coverage and Plan Restrictions

Myelin Basic Protein Analogs				
Drug	Tier	Plan	Requirements/ Limits	
glatiramer acetate SOSY 20 mg/ml, 40 mg/ml	4	BCBS ^{2,a}	РА	
GLATOPA SOSY 20 MG/ML	4	BCBS ^{2,a}	PA	
glatiramer SOSY 20 MG/ML	5	Cigna ^{3,b}	PA; QL (30/30); NDS	
glatiramer SOSY 40 mg/ml	5	Cigna ^{3,b}	PA; QL (12/28); NDS	
GLATOPA SOSY 20 MG/ML	5	Cigna ^{3,b}	PA; QL (30/30); NDS	
GLATOPA SOSY 40 MG/ML	5	Cigna ^{3,b}	PA; QL (12/28); NDS	
glatiramer acetate SOSY	5	UnitedHealthcare ^{4,c}	DL; QL	
GLATOPA SOSY	5	UnitedHealthcare ^{4,c}	DL; QL	

^a Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.2

Abbreviations: BCBS, Blue Cross Blue Shield; DL, dispensing limit; PA, prior authorization; NDS, non-extended days' supply; QL, quantity limit; SOSY, solution prefilled syringe.

Across all 3 plans evaluated, coverage for glatiramer-based therapies, including GLATOPA and glatiramer acetate varies notably in tier placement. BCBS assigns these therapies to Tier 4, indicating moderately high cost-sharing, whereas both Cigna and UnitedHealthcare place all formulations into Tier 5, representing the highest level of patient out-of-pocket responsibility within their respective plans.

^b Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.³

^c Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs. ⁴

^b Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.3

^c Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.4

In terms of access restrictions, BCBS applies only PA across its covered products, making it the least restrictive of the 3. Cigna enforces a combination of PA, QL, and NDS for all products and strengths—adding significant access barriers. For example, the 20 mg/mL formulation has a QL of 30 units per 30 days, while the 40 mg/mL strength is limited to 12 units per 28 days. UnitedHealthcare uses dispensing limit (DL) and QL, though it does not specify whether PA is required.

Across all plans, both branded (GLATOPA) and generic glatiramer products are treated similarly, with no distinction in tiering or restriction strategy. This uniform approach suggests that formulary decisions are driven more by cost-management policies than by product differentiation. Overall, BCBS provides the most accessible formulary positioning, while Cigna imposes the most rigorous controls, with UnitedHealthcare following closely behind in restrictiveness.

Table 3: Interferon Betas: Formulary Coverage and Plan Restrictions

Interferon Betas			
Drug	Tier	Plan	Requirements/ Limits
AVONEX PSKT 30 MCG/0.5 ML	4	BCBS ^{2,a}	PA
AVONEX PEN AJKT 30 MCG/0.5 ML	4	BCBS ^{2,a}	PA
BETASERON KIT .3 MG	4	BCBS ^{2,a}	PA
PLEGRIDY SOAJ 125 MCG/0.5 ML; SOSY 125 MCG/0.5 ML	4	BCBS ^{2,a}	PA
PLEGRIDY INJECTION STARTER	4	BCBS ^{2,a}	PA
PLEGRIDY PEN INJECTION STARTER	4	BCBS ^{2,a}	РА
REBIF SOSY 22 MCG/0.5ML, 44 MCG/0.5 ML	4	BCBS ^{2,a}	РА
REBIF REBIDO INJECTION TITRATN	4	BCBS ^{2,a}	PA
REBIF REBIDOSE SOAJ 22 MCG/ 0.5 ML, 44 MCG/0.5 ML	4	BCBS ^{2,a}	РА
REBIF TITRTN INJECTION PACK	4	BCBS ^{2,a}	PA
AVONEX	5	Cigna ^{3,b}	PA; QL (1/28); NDS
BETASERON SUBCUTANEOUS KIT	5	Cigna ^{3,b}	PA; QL (14/28); NDS
BETASERON SUBCUTANEOUS KIT	5	UnitedHealthcare ^{4,c}	DL; QL

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²

Abbreviations: AJKT, auto-injector kit; BCBS, Blue Cross Blue Shield; DL, dispensing limit; PA, prior authorization; PSKT, prefilled syringe kit; NDS, non-extended days' supply; QL, quantity limit; SOAJ, solution auto-injector; SOSY, solution prefilled syringe.

All interferon beta products listed—such as AVONEX, BETASERON, PLEGRIDY, and REBIF—are uniformly placed in Tier 4 by BCBS, signaling moderately high cost-sharing. This includes various formulations (pens,

kits, syringes, and starter packs) across all brand names, with consistent application of PA across the board. In contrast, Cigna assigns AVONEX and BETASERON to Tier 5, the highest tier, indicating more restrictive access. UnitedHealthcare also places BETASERON in Tier 5, aligning it with Cigna's cost-sharing level.

From an access restriction standpoint, BCBS applies only PA to all listed therapies, regardless of brand or formulation, and imposes no QL or other dispensing constraints. Cigna, however, layers on multiple utilization management tools: both AVONEX and BETASERON require PA, are subject to QL (eg, 1 unit per 28 days for AVONEX and 14 units per 28 days for BETASERON) and include NDS restrictions. UnitedHealthcare, while not specifying PA, applies DL and QL to BETASERON, suggesting a cost-containment strategy similar to Cigna's.

Across all plans, no preferential tiering or reduced restrictions are given to specific brands or delivery systems. Both BCBS and Cigna treat various formulations (such as PLEGRIDY starter kits and REBIF titration packs) uniformly within their respective tiers and policies. Overall, BCBS offers broader and more accessible coverage for interferon betas, while Cigna and UnitedHealthcare take a more restrictive approach, especially with higher-tier placement and layered utilization controls.

Table 5: S1P Receptor Modulators: Formulary Coverage and Plan Restrictions

SIP				
Drug	Tier	Plan	Requirements/ Limits	
GILENYA CAPS .25 MG, .5 MG	5	BCBS ^{2,a}	PA	
MAYZENT TABS .25 MG, 1 MG, 2 MG	4	BCBS ^{2,a}	PA	
MAYZENT STARTER PACK TBPK .25 MG	4	BCBS ^{2,a}	РА	
PONVORY TABS 20 MG	5	BCBS ^{2,a}	PA	
PONVORY TAB STARTER	5	BCBS ^{2,a}	PA	
ZEPOSIA CAPS .92 MG	4	BCBS ^{2,a}	PA	
ZEPOSIA 7-DAY CAP STARTER PACK	4	BCBS ^{2,a}	PA	
ZOPOSIA CAP STARTER KIT	4	BCBS ^{2,a}	PA	
MAYZENT ORAL TABLET	5	United Healthcare ^{4,c}	DL; QL	
MAYZENT STARTER PACK (12 X 0.25 MG ORAL TABLET THERAPY PACK)	5	UnitedHealthcare ^{4,c}	DL; QL	
MAYZENT STARTER PACK (7 X 0.25 MG ORAL TABLET THERAPY PACK)	4	UnitedHealthcare ^{4,c}	QL	

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²

Abbreviations: BCBS, Blue Cross Blue Shield; DL, dispensing limit; PA, prior authorization; QL, quantity limit; TBPK, tablet therapy pack.

^b Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.³

^c Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.⁴

b Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highestcost drugs.³

^c Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs. ⁴

BCBS provides the broadest coverage for sphingosine-1phosphate (S1P) receptor modulators, including GILENYA, MAYZENT, PONVORY, and ZEPOSIA, in both maintenance and starter pack formulations. Products are split across Tier 4 and Tier 5, with MAYZENT and ZEPOSIA products generally placed in Tier 4, reflecting slightly more favorable access compared to Tier 5 placements for GILENYA and PONVORY. All covered agents under BCBS require PA, though no QL or additional restrictions are specified.

UnitedHealthcare, by contrast, includes only MAYZENT among its covered S1P modulators and places it variably in Tier 4 and Tier 5, depending on the specific starter pack formulation. All entries include DL and/or QL, suggesting tighter access control compared to BCBS. For example, the 12-tablet starter pack is categorized under Tier 5 with both DL and QL, while a 7-tablet starter pack is Tier 4 but still subject to QL, indicating that even when tier placement is more favorable, restrictions remain in place.

Cigna does not list any S1P receptor modulators in this formulary snapshot, indicating a complete lack of access to this drug class through its covered benefit design for the evaluated plan. This exclusion may reflect either a formulary omission or an off-formulary status for cost or clinical preference reasons. The absence of these agents in Cigna's formulary creates a stark contrast with BCBS's broad availability and UnitedHealthcare's limited but present coverage. As a result, patients and prescribers relying on Cigna may encounter significant access barriers for therapies in this class.

Table 6: Pyrimidine Synthesis Inhibitors: Formulary Coverage and Plan Restrictions

Pyrimidine Synthesis Inhibitors				
Drug	Tier	Plan	Requirements/ Limits	
AUBAGIO TABS 7 MG, 14 MG	5	BCBS ^{2,a}	PA	
teriflunomide (oral tablet)	4	UnitedHealthcare ^{4,b}	QL	

^a Level or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²

Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; QL, quantity limit.

BCBS covers AUBAGIO 7 mg and 14 mg tablets under Tier 5, the highest costsharing level in its 5-tier structure. This placement indicates more restricted access and likely higher out-of-pocket costs for patients. Additionally, BCBS applies PA to both strengths, further tightening access and signaling an intent to manage utilization despite the drug's established presence in the market.

UnitedHealthcare, on the other hand, lists teriflunomide (oral tablet)—presumably the generic version—on Tier 4, a more favorable tier compared to BCBS. However, the therapy is subject to QL, which could restrict how much medication is dispensed within a given time frame. While no PA is indicated, the presence of QL suggests that access is still managed, albeit less stringently than under BCBS's Tier 5 PA requirement.

Cigna does not cover any therapies in the pyrimidine synthesis inhibitor

class within the scope of this formulary snapshot.

Table 7: Immune Modulators: Formulary Coverage and Plan Restrictions

Immune Modulators				
Drug	Tier	Plan	Requirements/ Limits	
BAFIERTAM CPDR 95 MG	5	BCBS ^{2,a}	PA	
VUMERITY CPDR 231 MG	5	BCBS ^{2,a}	PA	
VUMERITY	5	Cigna ^{3,b}	PA; QL (120/30); NDS	
VUMERITY (ORAL CAPSULE DELAYED RELEASE/ MAINTENANCE DOSE BOTTLE)	5	UnitedHealthcare ^{4,c}	ST; DL; QL	

- ^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²
- ^b Level or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.³
- ^c Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.⁴

Abbreviations: BCBS, Blue Cross Blue Shield; CPDR. Capsulte delayed release; DL, dispensing limit; PA, prior authorization; NDS, non-extended days' supply; QL, quantity limit; ST, step therapy.

Newer BCBS covers 2 immune modulators—BAFIERTAM and VUMERITY—both placed in Tier 5, the highest-cost tier in its 5-tier system. While coverage is available, the placement indicates more burdensome cost-sharing for patients. Both therapies require PA, signaling the plan's intent to manage utilization tightly despite inclusion on the formulary.

Cigna also places VUMERITY in Tier 5, similarly reflecting limited affordability for patients. In addition to PA, Cigna enforces a QL of 120 capsules per 30 days and applies a NDS restriction. These additional barriers reflect a more restrictive access profile than BCBS, layering in tighter dispensing controls that may impact patient adherence or require more frequent pharmacy visits.

UnitedHealthcare lists VUMERITY as well but adds even more complex utilization management criteria. The therapy is placed in Tier 5 and is subject to step therapy (ST), DL, and QL. This makes UnitedHealthcare the most restrictive among the three plans, as patients must try and fail another therapy before gaining access to VUMERITY and are then still subject to QL and DL rules. Notably, BAFIERTAM is not listed under Cigna or UnitedHealthcare in this snapshot, making BCBS the only plan with coverage of both agents in this class.

^b Level or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs. ⁴



The Bottom Line

The treatment landscape for MS continues to expand, introducing complex challenges for formulary decision-makers who must weigh clinical value, cost, and accessibility. This comparative analysis across BCBS, Cigna, and UnitedHealthcare reveals wide variability in formulary design, tier placement, and utilization management across all six major MS therapeutic classes. While all plans demonstrate a commitment to offering high-impact therapies such as anti-CD20 biologics and interferon betas, access restrictions—particularly among higher-tier placements, PA, QL, and NDS—vary significantly and can create friction in patient access and provider workflow.

This analysis underscores the importance of balancing cost-containment strategies with patient-centric access. While tiering and utilization controls are essential for managing specialty drug spend, overly restrictive formularies risk undermining adherence, delaying therapy initiation, and increasing downstream medical costs. These findings provide a foundation for optimizing benefit design, ensuring competitive positioning, and improving outcomes for members with MS.

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