



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

GLATIRAMER ACETATE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
GLATIRAMER ACETATE	COPAXONE, GLATOPA, GLATIRAMER ACETATE	12810		GPI-10 (6240003010)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of a relapsing form of multiple sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease **AND** meet the following criterion?
 - The patient is 18 years of age or older

If yes, **approve for 12 months by GPID or GPI-14 for the requested strength with the following quantity limits:**

- **20mg/mL: #1mL per day.**
- **40mg/mL: #12mL per 28 days.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **GLATIRAMER ACETATE (Copaxone, Glatopa)** requires the following rule(s) be met for approval:

1. You have a relapsing form of multiple sclerosis (MS: an illness where the immune system eats away at the protective covering of the nerves), which includes clinically isolated syndrome (disease occurs once), relapsing-remitting disease (symptoms go away and return), and active secondary progressive disease (advanced disease)
2. You are 18 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Copaxone and Glatopa.

REFERENCES

- Copaxone [Prescribing Information]. Overland Park, KS: Teva; January 2020.
- Glatopa [Prescribing Information]. Princeton, NJ: Sandoz Inc.; January 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/21

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P&T Approval: 02/14