Non-formulary fingolimod (Gilenya®) will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of relapsing forms of Multiple Sclerosis on the Problem List
  - AND -

- Prescriber is a Neurologist
  - AND -

- Adequate trial and failure of two formulary self-injectable MS disease modifying therapies - glatiramer (Copaxone) and an interferon [interferon beta-1a (Avonex or Rebif) or beta-1b (Extavia)] unless contraindication, intolerance, or allergy
  - OR -

- Patient is already stable on the drug
  - OR -

- Dose Change Only: Patient previously met criteria and is already taking the drug