

**Texas Prior Authorization Program  
Clinical Criteria**

---

**Drug/Drug Class****Glatiramer Acetate Injection****Clinical Criteria Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

**Revision Notes**

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).) on each 'Drug Requiring PA' table



## Glatiramer Acetate Injection

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
COPAXONE 20MG/ML SYRINGE	17178
COPAXONE 40MG/ML SYRINGE	35983
GLATIRAMER 20MG/ML SYRINGE	17178
GLATIRAMER 40MG/ML SYRINGE	35983
GLATOPA 20MG/ML SYRINGE	17178
GLATOPA 40MG/ML SYRINGE	35983



## Glatiramer Acetate Injection

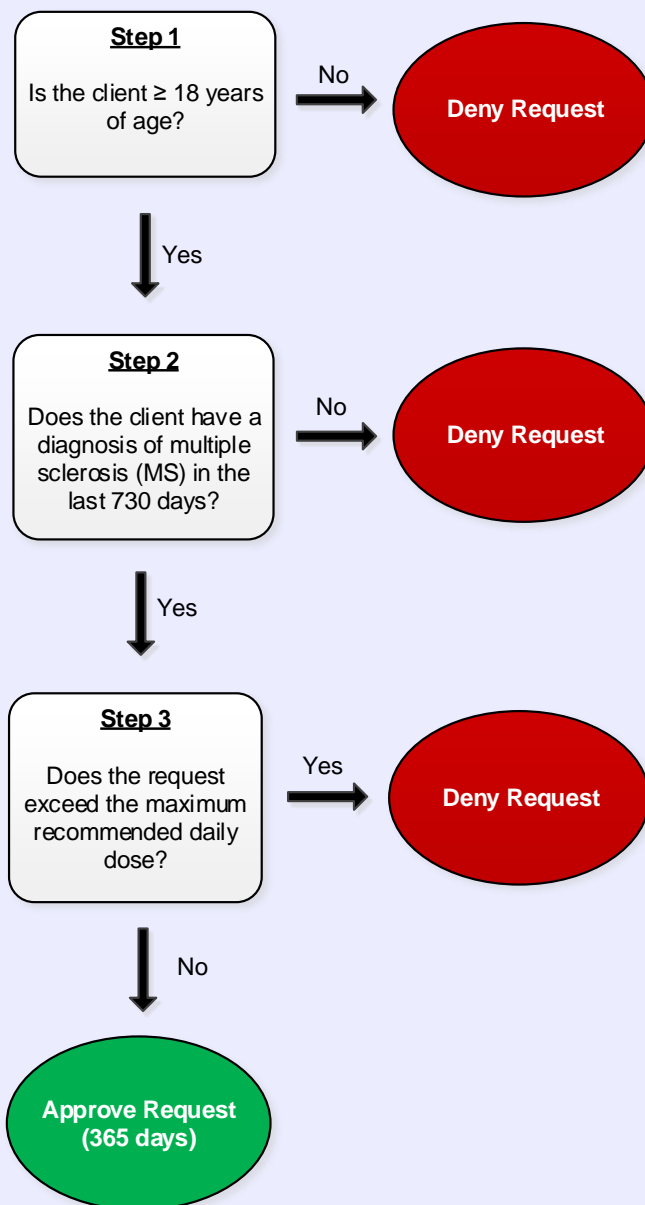
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?
  - Yes – Go to #2
  - No – Deny
  
2. Does the client have a diagnosis of multiple sclerosis (MS) in the last 730 days?
  - Yes – Go to #3
  - No – Deny
  
3. Does the request exceed the maximum recommended daily dose?
  - Yes – Deny
  - No – Approve Request (365 days)



# Glatiramer Acetate Injection

## Clinical Criteria Logic Diagram





## Glatiramer Acetate Injection

### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of multiple sclerosis)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G35	MULTIPLE SCLEROSIS



## Glatiramer Acetate Injection

### Clinical Criteria References

1. MS Coalition. Costello K, Halper J, Kalb R, et al. The Use of Disease-Modifying Therapies in Multiple Sclerosis: Principles and Current Evidence. July 2014. Available at [www.nationalmssociety.org](http://www.nationalmssociety.org).
2. Goodin DS, Fohman EM, Garmany GP, et al. Disease modifying therapies in multiple sclerosis: Subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. *Neurology*. 2002 January;58(2):169-78. Available at [www.neurology.org](http://www.neurology.org).
3. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2018. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on February 23, 2018.
4. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on February 23, 2018.
5. Copaxone Prescribing Information. North Wales, PA. Teva Pharmaceuticals USA, Inc. August 2016.
6. Olek, MJ. Disease-modifying treatment of relapsing-remitting multiple sclerosis in adults. In: UpToDate, Gonzalez-Scarano, F (Ed), UpToDate, Waltham, MA, 2018.
7. Glatopa Prescribing Information. Princeton, NJ. Sandoz Inc. January 2018.



## Glatiramer Acetate Injection

### Publication History

### Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
08/21/2014	Presented to the DUR Board
10/07/2014	Initial publication and posting to website
07/31/2015	Review of ICD-9 and ICD-10 codes
08/01/2018	Annual review by staff Added Glatopa GCNs to Drugs Requiring PA, page 2 Removed ICD-9 codes Updated references, page 6
03/26/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table