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

Annual review by staff
Updated references, page 6
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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.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPAXONE 20MG/ML SYRINGE</td>
<td>17178</td>
</tr>
<tr>
<td>COPAXONE 40MG/ML SYRINGE</td>
<td>35983</td>
</tr>
<tr>
<td>GLATIRAMER 20MG/ML SYRINGE</td>
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</tbody>
</table>
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Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 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)
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Clinical Criteria Logic Diagram

**Step 1**
Is the client \(\geq 18\) years of age?

- **Yes** → **Deny Request**
- **No** → **Step 2**

**Step 2**
Does the client have a diagnosis of multiple sclerosis (MS) in the last 730 days?

- **Yes** → **Deny Request**
- **No** → **Step 3**

**Step 3**
Does the request exceed the maximum recommended daily dose?

- **Yes** → **Deny Request**
- **No** → **Approve Request (365 days)**
### Step 2 (diagnosis of multiple sclerosis)

**Required quantity:** 1  
**Look back timeframe:** 730 days

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>G35</td>
<td>MULTIPLE SCLEROSIS</td>
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Clinical Criteria References


## 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.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>08/21/2014</td>
<td>Presented to the DUR Board</td>
</tr>
<tr>
<td>10/07/2014</td>
<td>Initial publication and posting to website</td>
</tr>
<tr>
<td>07/31/2015</td>
<td>Review of ICD-9 and ICD-10 codes</td>
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</table>
| 08/01/2018       | Annual review by staff  
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 TxBondDrug.com/formulary/formulary-search.) on each ‘Drug Requiring PA’ table |
| 07/15/2019       | Annual review by staff  
Updated references, page 6 |