

**Texas Prior Authorization Program  
Clinical Criteria**

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**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



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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](https://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



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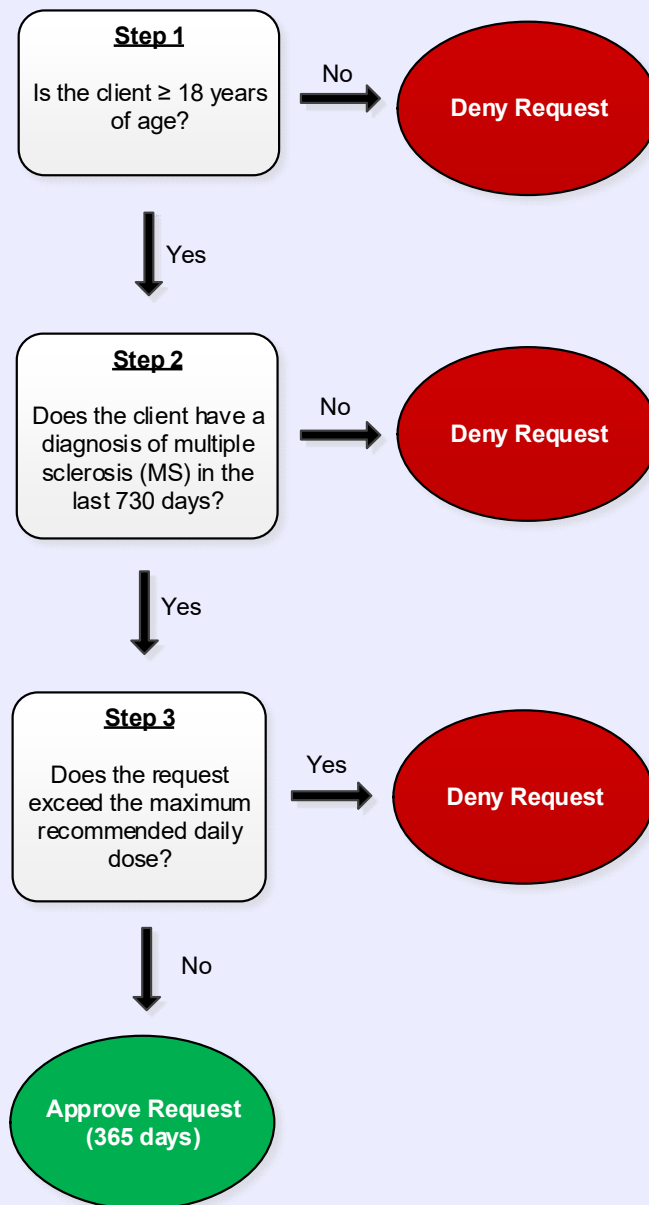
### Clinical Criteria Logic

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)



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## 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



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### 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.; 2024. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on January 9, 2024.
4. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on January 9, 2024.
5. Copaxone (glatiramer acetate) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals; November 2023.
6. Glatopa Prescribing Information. Princeton, NJ. Sandoz Inc. March 2023.
7. Olek, MJ, Mowry E. Disease-modifying treatment of relapsing-remitting multiple sclerosis in adults. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA, 2023.
8. Rae-Grant A, Day GS, Marrie RA, et al. Practice Guideline: Disease-modifying therapies for adults with multiple sclerosis. *Neurology* Apr 2018;90(17):777-788.



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## 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 Removed ICD-9 codes Updated references
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
07/15/2019	Annual review by staff Updated references
10/07/2022	Annual review by staff Updated references
01/09/2024	Annual review by staff Updated references