

**Texas Prior Authorization Program  
Clinical Edit Criteria**

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**Drug/Drug Class**

## **Copaxone (Glatiramer)**

**Clinical Edit Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

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

**Revision Notes**

Initial publication and posting to website



## Copaxone (Glatiramer)

### Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
COPAXONE 20MG INJECTION KIT	16431
COPAXONE 40MG/ML SYRINGE	35983



## Copaxone (Glatiramer)

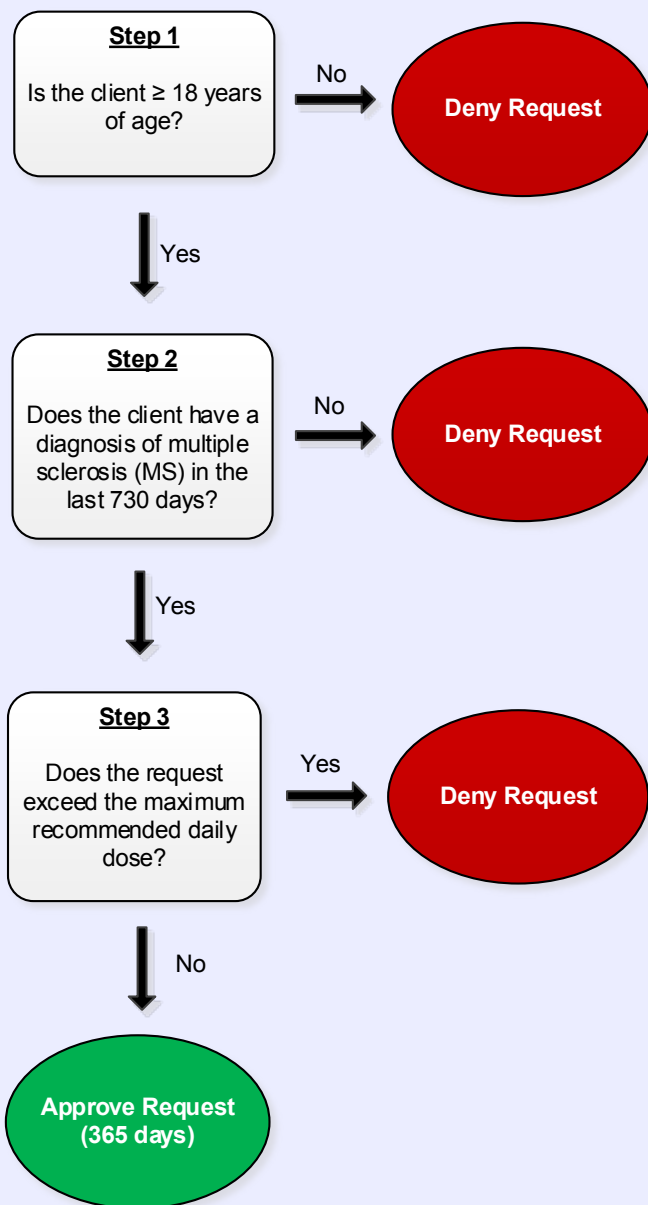
### Clinical Edit Criteria Logic

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)



# Copaxone (Glatiramer)

## Clinical Edit Criteria Logic Diagram





## Copaxone (Glatiramer)

### Clinical Edit 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-9 Code</b>	<b>Description</b>
340	MULTIPLE SCLEROSIS
<b>ICD-10 Code</b>	<b>Description</b>
G35	MULTIPLE SCLEROSIS



## Copaxone (Glatiramer)

### Clinical Edit Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc. 2014. Available at <http://www.clinicalpharmacology.com>. Accessed on July 1, 2014.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on June 30, 2014.
3. 2014 ICD-9-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on July 1, 2014.
4. 2014 ICD-10-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd10data.com/>. Accessed on July 1, 2014.
5. Copaxone Prescribing Information. North Wales, PA: TEVA Pharmaceuticals USA, Inc. January 2014.
6. 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).
7. 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).



## Copaxone (Glatiramer)

### 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
07/07/2014	Initial publication and posting to website