



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 7, 2016 December 19, 2016, May 23, 2018, October 29, 2018

MULTIPLE SCLEROSIS ORAL AGENTS

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

INITIATION OF THERAPY:

- Patient must be ≥ 18 years old or ≥ 10 years old for Gilenya.
- Must have a diagnosis of a relapsing form of Multiple Sclerosis verified by progress notes, discharge notes, or “health conditions”.
- Previous trial with insufficient response, adverse reaction or contraindication to at least one of the preferred agents.