

PURPOSE OF THE POLICY

To establish a policy for prior authorization of Gilenya

STATEMENT OF THE POLICY

Health Alliance Medical Plans with cover Gilenya for new starts only with the following below criteria.

PROCEDURES

1. Gilenya Coverage

- 1.1. Indicated for all FDA labeled indications, not otherwise excluded from Part D
- 1.2. Prescribed by a Neurologist
- 1.3. Prior use of Extavia or Avonex
- 1.4. Authorized for 6mo at a time

HISTORY

- 1.1.2011-Thowerton- Policy created for Part D
- 1.1.2012-Thowerton-P&T review no changes