SPECIALTY GUIDELINE MANAGEMENT

COPAXONE (glatiramer acetate) GLATOPA (glatiramer acetate) glatiramer acetate

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

All other indications are considered experimental/investigational and not medically necessary.

II. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with a neurologist.

III. CRITERIA FOR INITIAL APPROVAL

A. Relapsing forms of multiple sclerosis

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

B. Clinically isolated syndrome

Authorization of 12 months may be granted to members for treatment of clinically isolated syndrome of multiple sclerosis.

IV. CONTINUATION OF THERAPY

For all indications: Authorization of 12 months may be granted for members who are experiencing disease stability or improvement while receiving Copaxone, Glatopa, or glatiramer acetate.

V. OTHER

Members will not use Copaxone, Glatopa, or glatiramer acetate concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).

glatiramer-Copaxone-Glatopa 1841-A SGM P2024.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.



VI. REFERENCES

- 1. Copaxone [package insert]. Parsippany, NY: Teva Pharmaceuticals USA, Inc.; November 2023.
- 2. Glatopa [package insert]. Princeton, NJ: Sandoz Inc.; December 2023.
- 3. Glatiramer acetate 20mg/mL [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; January 2024.
- 4. Glatiramer acetate 40mg/mL [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; January 2024.
- 5. IBM Micromedex [database online]. Ann Arbor, MI: IBM Watson Health. Updated periodically. www.micromedexsolutions.com [available with subscription]. April 14, 2024.
- AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed April 14, 2024.
- 7. The Multiple Sclerosis Coalition. *The use of disease-modifying therapies in multiple sclerosis: principles and current evidence.* https://ms-coalition.org/wp-content/uploads/2019/06/MSC_DMTPaper_062019.pdf. Accessed March 01, 2024.

glatiramer-Copaxone-Glatopa 1841-A SGM P2024.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

