

TYSABRI PA SUMMARY

NOTE: *The criteria details below are for the outpatient pharmacy program. If this medication is being administered in a physician's office then the criteria information below does not apply. Instead, the physician's office must bill this drug through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.mmis.georgia.gov*

STATUS: Preferred

LENGTH OF AUTHORIZATION: Initial: 3 months; Renewal: 6 months

PA CRITERIA:

- ❖ Approvable for the diagnosis of relapsing forms of multiple sclerosis in members who have tried and failed Avonex, Betaseron, Copaxone, or Rebif

OR

- ❖ Approvable for the diagnosis of Crohn's Disease in members who have tried and failed a TNF inhibitor and conventional therapy for Crohn's Disease.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on "prior approval process".

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.