

GILENYA PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: Initial: 6 months; Renewal: 12 months

PA CRITERIA:

- ❖ Approvable for relapsing forms of multiple sclerosis (relapsing MS) when prescribed by a neurologist or an MS-specialist

AND

- ❖ Physician should submit faxed documentation of trial and failure, contraindications, or a history of intolerable side effects to Avonex, Betaseron, Copaxone, or Rebif.

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.