

July 15, 2015

Dear SoonerCare Prescriber,

The purpose of this letter is to provide updates regarding coverage of Copaxone® (glatiramer acetate) 40mg/mL.

**Beginning July 29<sup>th</sup> 2015, authorization of reimbursement of Copaxone® 40mg/mL will require a patient-specific, clinically significant reason why the member cannot use the 20mg strength.**

Copaxone® 20mg/mL will be the preferred product. If a diagnosis of Multiple Sclerosis is found in the member's medical claim history, the 20mg strength should process through the pharmacy system without a manual Prior Authorization. The criteria for authorization of Copaxone® are listed below.

**Copaxone® (Glatiramer Acetate) Approval Criteria:**

1. An FDA approved diagnosis of relapsing, remitting Multiple Sclerosis; and
2. Approvals will not be granted for concurrent use with other disease modifying therapies; and
3. Approvals for the 40mg strength of Copaxone® will require a patient-specific, clinically significant reason why the member cannot use the 20mg strength; and
4. Compliance will be checked for continued approval every six months.

The net cost of Copaxone® 20mg/mL is significantly less than the 40mg/mL strength for the state. **Your discretion in appropriate use of the Copaxone® 40mg/mL strength is appreciated and can result in a significant cost savings.**

If the 20mg/mL strength does not meet the specific needs of your patient, a prior authorization may be submitted for consideration, along with patient-specific, clinically significant, supporting information for use of the non-preferred medication.

Updated versions of prior authorization criteria for Copaxone® can be downloaded from [www.okhca.org/rx](http://www.okhca.org/rx), by clicking on "Prior Authorizations," then clicking "Central Nervous System."

Thank you for the services you provide to Oklahomans insured by SoonerCare!