

Texas Prior Authorization Program  
Clinical Criteria

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## Drug/Drug Class

# Glatiramer Acetate Injection

## Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## Revision Notes

Annual review by staff

Added GCN for Copaxone (16431) to the Drugs Requiring PA section

Updated references



## Glatiramer Acetate Injection

### Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/searches/formulary-drug-search](http://txvendordrug.com/searches/formulary-drug-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
COPAXONE 20 MG INJECTION KIT	16431
COPAXONE 20MG/ML SYRINGE	17178
COPAXONE 40MG/ML SYRINGE	35983
GLATIRAMER 20MG/ML SYRINGE	17178
GLATIRAMER 40MG/ML SYRINGE	35983
GLATOPA 20MG/ML SYRINGE	17178
GLATOPA 40MG/ML SYRINGE	35983

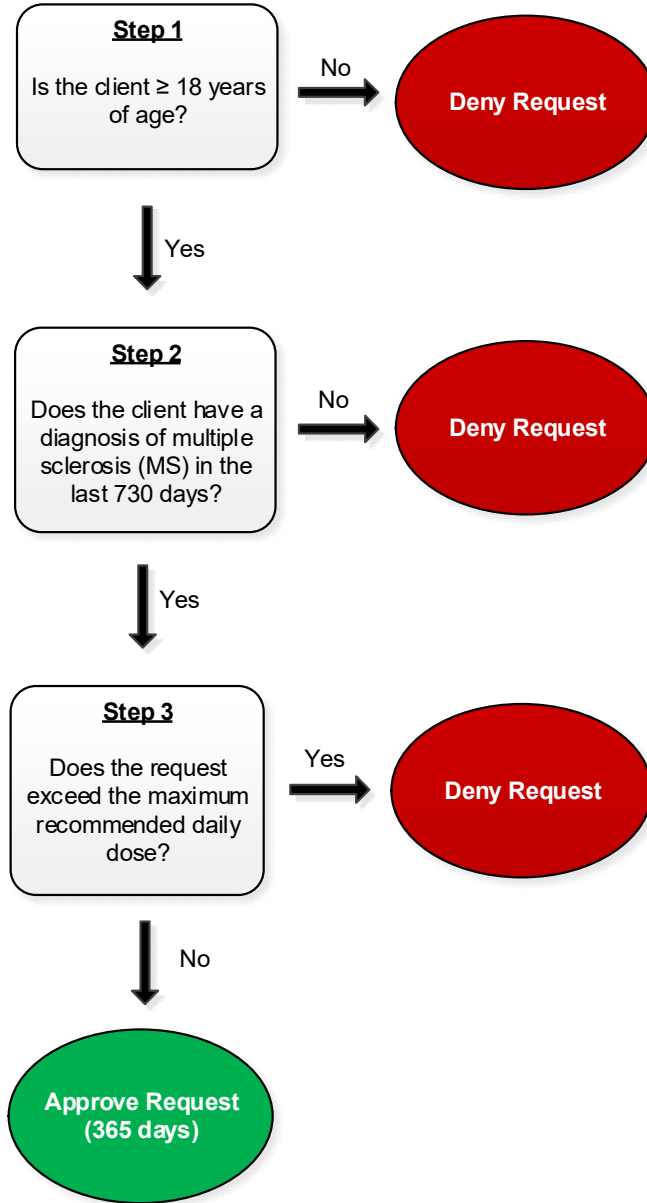
**Glatiramer Acetate Injection****Clinical Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?
  - Yes – Go to #2
  - No – Deny
2. Does the client have a [diagnosis of multiple sclerosis \(MS\)](#) in the last 730 days?
  - Yes – Go to #3
  - No – Deny
3. Does the request exceed the maximum recommended daily dose?
  - Yes – Deny
  - No – Approve (365 days)



# Glatiramer Acetate Injection

## Clinical Criteria Logic Diagram





**Glatiramer Acetate Injection**  
**Clinical Criteria Supporting Tables**

Table 2 (diagnosis of multiple sclerosis) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
G35	MULTIPLE SCLEROSIS



## Glatiramer Acetate Injection

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on June 6, 2025.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on June 6, 2025.
3. Copaxone Prescribing Information. Parsippany, NJ. Teva Neuroscience, Inc. January 2025.
4. Glatopa Prescribing Information. Princeton, NJ. Sandoz Inc. February 2025.
5. Olek MJ, Mowry E. Initial disease-modifying therapy for relapsing-remitting multiple sclerosis in adults. In: UpToDate. Dashe JF, Gonzalez-Scarano F (Ed), UpToDate, Waltham, MA. January 10, 2025.
6. Rae-Grant A, Day GS, Marrie RA, et al. Practice Guideline: Disease-modifying therapies for adults with multiple sclerosis. *Neurology* April 24, 2018;90(17):777-788.



## Glatiramer Acetate Injection

### Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
08/21/2014	<ul style="list-style-type: none"> <li>Presented to the DUR Board</li> </ul>
10/07/2014	<ul style="list-style-type: none"> <li>Initial publication and posting to website</li> </ul>
07/31/2015	<ul style="list-style-type: none"> <li>Review of ICD-9 and ICD-10 codes</li> </ul>
08/01/2018	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added Glatopa GCNs to Drugs Requiring PA</li> <li>Removed ICD-9 codes</li> <li>Updated references</li> </ul>
03/26/2019	<ul style="list-style-type: none"> <li>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</li> </ul>
07/15/2019	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
10/07/2022	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
01/09/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
08/31/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
6/30/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCN for Copaxone (16431) to the Drugs Requiring PA section</li> <li>Updated references</li> </ul>