



Fingolimod (Gilenya®)

Prior Authorization Criteria for the TRICARE Pharmacy Program

Fingolimod (Gilenya) is indicated for the treatment of patients with relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability. The recommended dose of Gilenya is 0.5 mg orally once daily. To date, there is no data supporting the concurrent use of Gilenya with an interferon alpha agent, an interferon beta agent, or Copaxone (glatiramer).

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee for Fingolimod (Gilenya) obtained through the TRICARE Mail Order Pharmacy or from a TRICARE retail network pharmacy. The prior authorization form for Fingolimod (Gilenya) is available on the [TRICARE Pharmacy Prior Authorization page](#). This prior authorization does not have an expiration date.

Prior Authorization Criteria for Fingolimod (Gilenya)

- Patient has a documented diagnosis for a relapsing form of multiple sclerosis.
- Coverage NOT provided for concomitant use with an interferon alpha or an interferon beta agent (i.e. Avonex, Betaseron, Extavia, Rebif, Alferan N, Infergen, Intron A, Pegasys, and Peginteron), or Copaxone.

*Criteria approved through the Uniform Formulary decision-making process
(November 2010).*

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