



**Medicare Part D – 2016**

**Prior Authorization Group Description**

GILENYA

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

History (in the last 6 months) of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization or class III/IV heart failure. History or presence of Mobitz II second-degree or third-degree atrioventricular block or sick sinus syndrome, unless patient has a functioning pacemaker. Baseline QTc interval greater than or equal to 500ms. Concurrent use of Class Ia or Class III anti-arrhythmic drugs.

**Required Medical Information:**

**Age Restrictions:**

**Prescriber Restrictions:**

Neurologist.

**Coverage Duration:**

Length of Benefit.

**Other Criteria:**