																GE OF THERAPY CRITERIA					
					APPROVAL CRITERIA MUST MEET ALL) ECATION (MICCONALD								RENEWAL CRITERIA				`	BESTARTING THERAPY (INTERRUPTION > 12 MO INDICATION			
PRODUCT	PROVINCE	REQUIRED PRESCRIES	ER LINE	CRITERIA & MRI EVIDENCE)	DISABLING ATTACKS/ RELAPSES	LESIONS	EDSS	AGE (YEARS)	PRIOR THERAPIES	OTHER	APPROVAL PERIOD	INDICATION (MCDONALS CRITERIA & MRI EVIDENCI		APPROVAL PERIOD	(MCDONALD CRITERIA & MRI EVIDENCE)	CRITERIA	APPROVAL PERIOD	(MCDONALD CRITERIA & MRI EVIDENCE)	CRITERIA	APPROVAL PERIOD	NOTES
Tysabri	British Columbia	MS Neurologist	3rd (Monotherapy)	Relapsing-Remitting	22 in prior 1 year	23 new T2 lesions compared to previous MRI; OR 21 gadolinium-enhancing lesion	N/A	N/A	Failed adequate 26-month course of 22 1st-line DMTs AND 21 disabling attack on therapy; OR Contraindication/intolerance to 22 1st-line DMTs	N/A	1 YEAR	Relapsing-Remitting	 lack of neutralising antibodies; demonstrated benefit outwelghing potential risks (shown by relapse rate, EDSS, MRI scan, or overall clinical impression) 	1 YEAR	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tysabri	Alberta	MS Neurologist	2nd (Monotherapy)	Relapsing-Remitting	22 in prior 2 years; OR 22 in prior 2 years of starting a DMT	N/A	s6.5	N/A	N/A	N/A	1 YEAR	Relapsing-Remitting	-must not have an EDS score 27 sustained for 21 years (paceptime direcumiteness considered) — evidence of the subsect of neurostating ABs at 1st renewal — coeffien in writing that the patient is a "sepander" with 1st inflammatory work in price year (foliars inflages or patient une whanced paison) — if 3 of incident independent une whanced paison) — if 3 of incident independent part who the 2005 reduction in neighbor after over the treatment, must be 2005 reduction in neighbor after over their beatment part.	1 YEAR	N/A	N/A	N/A	secuparity.	R1 relapse in prior 1 year; OR relapses in prior 2 years	Not Reported	-special auth. available for RRMS if refractory or intolerant to 21 of interferon belta, glattramer acetate, directly furnanate, or tentilunomide (see definitions)
Tysabri	Saskatchewan	MS Neurologist	2nd (Monotherapy)	Relapsing-Remitting	I relapse with partial recovery in prior 1 year AND. 21 gedelinum-enhancing lesion on brain MRI, or significant ?* ht 12 lesion load compared to a provious MRI. 22 relapses with partial recovery in prior 1 year; 32 relapses with complete recovery in prior 1 year; 32 relapses with complete recovery in prior 1 year; 40 NRD 21 gedelinum-enhancing lesion to haim MRI, or significant ?* 12 lesion load compared to a previous MRI	N/A	s5.0	n/a	Failed adequate 26-menth course of 21 1st-line DATH as install therapy on the SK formulary AND 21 disabiling attack on an atternative DATF on the SK formulary Contraindicitations/formulary as a contraindicitations/formulary as install therapy	Documentation of most recent neurological exam 300 days, including description of recent attacks, dates, neurological findings	1 YEAR	Relapsing-Remitting	deta/data/s of most recent recordings of earn and EDSS score must be provided (earn 300 days) -stable or \$1 disabling attack/relapse in prior \$1\$ year -1000 score 65.0	1 YEAR	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tysabri	Manitoba	MS Neurologist	2nd (Monotherapy)	Relapsing-Remitting	I relapse with partial recovery in prior 1 year ARD. 21 pedelinum-reharcing lession on brain MRI, or significant ?* In 72 lession load compared to a provious MRI; 22 relapses with partial recovery in prior 1 year; 22 relapses with complete recovery in prior 1 year; 23 relapses with complete recovery in prior 1 year; 24 relapses with complete recovery in prior 2, year 25 relapses with complete recovery in prior 1, year; 26 relapses with complete recovery in prior 2, year 27 relapses with period recovery in prior 2, year 28 relapses with period recovery in prior 3 year 29 relapses with period recovery in prior 3 year 29 relapses with period recovery in prior 3 year 29 relapses with period recovery in prior 3 year 20 relapses with period recovery in prior 3 year 29 reviews MRI with period recovery in prior 3 year 20 relapses with period recovery in prior 3 year 20 relapses with period recovery in prior 3 year 21 relapses with period recovery in prior 3 year 22 relapses with period recovery in prior 3 year 23 relapses with period recovery in prior 3 year 24 relapses with period recovery in prior 3 year 25 relapses with period recovery in prior 3 year 26 relapses with period recovery in prior 3 year 27 relapses with period recovery in prior 3 year 28 relapses with period recovery in prior 3 year 29 relapses with period recovery in prior 3 year 29 relapses with period recovery in prior 3 year 20 relapses with period recovery in prior 3 year 27 relapses with period recovery in period recovery in prior 3 year 28 relapses with period recovery in period recovery in prior 3 year 29 relapses with period recovery in perio	N/A	5.0	N/A	Failed adequate 26-month course of 21 DMTs; Oil Contraindications/intolerance to 22 DMTs.	N/A	Not Reported	Relapsing-Remitting	Not Reported	Not Reported	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tysabri	Ontario	MS Neurologist	2nd (Monotherapy)	Rapidly Evolving Severe Relapsing-Remitting	I relapse with partial encourage in prior 1 year AND. 21 pedelinium-benincing leaks on brain MRI, or significant + the T2 leaks load compared to a provious MRID (a. x., 2 anew leaksons); 22 relapses with partial recovery in prior 1 year; 23 relapses with partial recovery in prior 1 year; 24 relapses with complete recovery in prior 1, year; 25 relapses with complete recovery in prior 1, year 26 relapses with complete recovery in prior 1, year 27 relapses with pertial recovery in prior 1, year 28 relapses with pertial recovery in prior 1, year 29 relapses with pertial recovery in prior 1, year 29 relapses with pertial recovery in prior 1, year 20 relapses with pertial recovery in years 1, year 21 relation to the prior 1, years 1, years 1, years 22 relapses with pertial recovery in years 1, years 23 relapses with pertial recovery in years 24 relapses with pertial recovery in years 25 relapses with pertial recovery in years 26 relapses with pertial recovery in years 27 relapses with pertial recovery in years 28 relapses with pertial recovery in years 29 relapses with pertial recovery in years 29 relapses with pertial recovery in years 20 relapses with pertial recovery in years 21 relapses with pertial recovery in years 22 relapses with pertial recovery in years 23 relapses with pertial recovery in years 24 relapses with years 25 relapses with years 26 relapses with years 26 relapses with years 27 relapses with years 28 relapses with years 29 relapses with years 29 relapses with years 20 relapses with years 20 relapses with years 21 relapses with years 22 relapses with years 23 relapses with years 24 relapses with years 25 relapses with years 26 relapses with years 27 relapses with years 28 relapses with years 29 relapses with years 29 relapses with years 20 relapses with years 20 relapses with years 21 relapses with years 22 relapses with years 23 relapses with years 24 relapses with years 25 relapses with years 26 relapses with years 27 relapses with years 28	N/A	6.0	18-65	Failed adequate 26-month course of 21 of wherevox, glatzamer acetain, directly furnarate, error on Contraindiciations/infollerance to 22 of the 3 therapies	Documentation of most recent neurological exam 300 days, including description of recent attacks, dates, neurological findings	1 YEAR	Rapidly Evolving Severe Relapsing-Remitting		1st: 2 YEARS Subsequent: 5 YEARS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tysabri	Quebec	Physician	1st (Monotherapy)	Rapidly Evolving Severe Relapsing-Remitting	22 incapacitating clinical epinodes with partial recovery in prior 1 year; 22 incapacitating clinical episodes with correlate recovery in prior 1 year AND 21 gadolirium-enhancing lesion on brain MR, or 22 72 lesions compared to a previous MM3	N/A	15.0	N/A	N/A	N/A	1 YEAR	Rapidly Evolving Severe Relapsing-Remitting	demonstrated benefit in comparison to evaluation carried out before treatment began, with a reduction in annual frequency of incapacitating spinodes during the past year AND stabilization of EDSS score or an increase <2 points without exceeding 5	1 YEAR	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tysabri	New Brunswick	MS Neurologist	2nd (Monotherapy)	Relapsing-Remitting	I relique with partial recovery in prior 2 year and 2 gadolinus—rehancing lesion on bean MRI, or significant † in 12 lesion load compared to a provious MRI. 22 reliques with partial recovery in prior 1 year; 22 reliques with partial recovery in prior 1 year; 23 reliques with complete recovery in prior 1 year; 24 reliques with complete recovery in prior 1 year; 25 reliques with complete recovery in prior 1 year; 26 reliques with complete recovery in prior 1 year; 27 reliques with complete recovery in prior 1 year; 28 reliques with partial recovery in prior 1 year; 29 reliques with prior 17 lesion load compared to a privince MRI.	N/A	55.0	N/A	Failed adequate 26-month course of 21 of interferon or glatistance actatos, and 21 disabling reliquies while on thereps; OIL Contraindications/intolerance to 22 DMTs	Documentation of most recent neurological exam 300 days, including description of recent attacks, dates, neurological findings	1 YEAR	Relapsing-Remitting	-dish/datak of most resent non-ringial earn and EDSS score must be provided (seam 100 days) -stable or \$1 dishbling attack/refugne in prior \$1 year -1005 score KS. 0	i year	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tysabri	Nova Scotia	MS Neurologist	2nd (Monotherapy)	Relapsing-Remitting	a relique with partial recovery in prior 2 year and 2 gadolishum rehanding feation to have MRU, or significant \uparrow in 12 lession load compared to a provious MRI; 2 reliques with partial recovery in prior 2 year; 22 reliques with partial recovery in prior 2 year; 22 reliques with complete recovery in prior 1 year and 21 gadolisms enhanding lession to have MRI; or significant \uparrow in 12 lesion load compared to a provious MRI	N/A	s5.0	N/A	Failed adequate 26-month course of 21 DMT; OR Contraindiciations/intolerance to 22 DMTs	Documentation of most recent neurological exam 300 days, including description of recent attacks, dates, neurological findings	1 YEAR	Relapsing-Remitting	-doubleduk of most recent recent required to a manual EDDS score must be provided (seem 1000 double) -stable or \$1 double	Not Reported	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tysabri	Newfoundland	Not Reported	3rd (Monotherans)	Relapsing-Remitting			Crite	eria Not Reported Or	line			Relapsing-Remitting	Not Reported	Not Reported	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tysabri	Yukon	MS Neurologist	2nd (Monotherapy)	Relapsing-Remitting	I religios with partiel recovery in price 1 year AND. 23 pedelinham-behanding leaks on brish MRI, or significant † the T2 leaks load compared to a provious MRI (los, 23 new leakson). 2 religioses with partial recovery in price 1 year; 20 religioses with partial recovery in price 1 year; 20 religioses with complete recovery in price 1 year; AND 23 gaddelinham-enhancing leakson on brain MRI, or significant 7 T2 leakson load compared to a	N/A	55.0	N/A	Failed adequate 26-month course of 21 of interferon, glatistener actate, or dimethyl foursariat; OR Contraindicistions/infoliwance to 22 of the 3 therapies	N/A	lyear	Relapsing-Remitting	Not Reported	Not Reported	N/A	N/A	N/A	N/A	N/A	N/A	N/A

TERM	Province	DEFINITION						
	AB	- new/worsening symptoms lasting at least 48 hours in the absence of fever, preceded by stability for at least 1 month, not associated with steroid withdrawal						
Disabling	710	- 1 or more gadolinium-enhancing T1 MRI lesions obtained at least 90 days after DMT initiation and at least 90 days before or after a relapse may substitute for 1 clinical relapse						
Disabling Attack	ВС	- new/worsening symptoms lasting at least 24 hours in the absence of fever, preceded by stability for at least 1 month						
Allack	NB	- new/worsening symptoms lasting at least 24 hours in the absence of fever, preceded by stability for at least 1 month						
	NL	- appearance of symptoms and signs compatible with MS, lasting greater than 24 hours and not due to a rise in temperature						
	SK	- new/worsening symptoms lasting at least 24 hours in the absence of fever, preceded by stability for at least 1 month						
	YK	- new/worsening symptoms lasting at least 24 hours in the absence of fever, preceded by stability for at least 1 month						
Incapacitating Episode	QC	- episode during which a neurological examination confirms optical neuritis, posterior fossa syndrome (cerebral trur cervelet) or symptoms revealing that the spinal cord affected (myelitis)						
Intolerant	АВ	- serious adverse effects or contraindications to treatments as defined in the product monograph, or persisting adverse event unresponsive to recommended management techniques and which is incompatible with further use of that class of DMTs						
Refractory	АВ	 - development of neutralizing antibodies to interferon beta - when interferon beta, glatiramer acetate, dimethyl fumarate, or teriflunomide are taken at the recommended doses for a full/adequate course within a consecutive 12 month period while the patient was on the MS DMT, the patient has been: adherent to the MS DMT (>80% of approved doses administered) experienced 2 or more relapses of MS confirmed by neurological deficits on exam a) 1st qualifying clinical relapse must have begun at least 1 month after treatment initiation b) both qualifying relapses must be classified with a relapse severity of moderate, severe, or very severe with moderate relapses, modification or more time is required to carry out ADLs; with severe relapses, inability to carry out some ADLs; with very severe relapse, ADLs must be completed by others 						

Class	Product	Plan Type	ВС	AB	SK	MB	ON	QC	NB	NS	PEI	NFLD	YK	Federal plans	
	Avonex	Public	Special auth. (1st line)												
	Avonex	Private	Coverage with criteria												
	Tecfidera	Public	Special auth. (1st line)												
		Private	Coverage with criteria											N/A	
DMT	Tysabri	Public	Special auth. (3rd line) Special auth. (2nd line)				Can be used 1st line for rapidly evolving disease	Special auti	n. (2nd line)	No coverage	Special auth. (3rd line)	Special auth. (2nd line)	Case-by-case approvals		
		Private	Coverage with criteria											N/A	
	Plegridy	Public	No coverage Special auth. (1st line) No coverage							Special aut	Case-by-case approvals				
		Private	Coverage with criteria								N/A				
Supportive	Fampyra	Public	No public access but many approvals through compassionate use									Case-by-case approvals			
Care		Private	Coverage with criteria										N/A		