

PRODUCT	PROVINCE	REQUIRED PRESCRIBER	LINE	APPROVAL CRITERIA (MUST MEET ALL)							RENEWAL CRITERIA		CHANGE OF THERAPY CRITERIA			RESTARTING THERAPY (INTERUPTION >12 MONTHS)		NOTES				
				INDICATION (MC/DONALD CRITERIA & MRI EVIDENCE)	DISABLING ATTACKS/ RELAPSES	LESSONS	EDSS	AGE (YEARS)	PREVIOUS THERAPIES	OTHER	APPROVAL PERIOD	INDICATION (MC/DONALD CRITERIA & MRI EVIDENCE)	CRITERIA	INDICATION (MC/DONALD CRITERIA & MRI EVIDENCE)	CRITERIA	APPROVAL PERIOD	INDICATION (MC/DONALD CRITERIA & MRI EVIDENCE)		CRITERIA	APPROVAL PERIOD		
Tysabri	British Columbia	MS Neurologist	3rd (Monotherapy)	Relapsing/Remitting	≥2 in prior 1 year	≥3 new T2 lesions compared to previous MRI; OR ≥3 gadolinium-enhancing lesions	N/A	N/A	N/A	Failed adequate 36-month course of ≥2 1st-line DMTs AND ≥1 disabling attack on therapy; OR Contraindications/intolerance to ≥2 1st-line DMTs	N/A	1 YEAR	Relapsing/Remitting	Lack of neutralizing antibodies, demonstrated benefit outweighing potential risks (shown by relapse rate, EDSS, MRI scans, or overall clinical response)	1 YEAR	N/A	N/A	N/A	N/A	N/A	N/A	
Tysabri	Alberta	MS Neurologist	2nd (Monotherapy)	Relapsing/Remitting	≥2 in prior 2 years; OR ≥2 in prior 2 years of starting a DMT	N/A	N/A	N/A	N/A	N/A	N/A	1 YEAR	Relapsing/Remitting	Must not have an EDSS score ≥7 sustained for ≥2 years (exceptional circumstances considered) Evidence of the absence of neutralizing Ab: at 1st renewal confirm in writing that the patient is a "responder" with ≥3 inflammatory events in prior year (clinical relapse or gadolinium-enhancing lesion) If ≥4 clinical relapses in prior year to treatment, must be ≥50% reduction in relapse rate over entire treatment period	1 YEAR	N/A	N/A	N/A	Relapsing/Remitting	≥1 relapse in prior 1 year; OR ≥2 relapses in prior 2 years	Not Reported	special auth. available for IRMS if refractory or intolerant to ≥1 of interferon beta, glatiramer acetate, dimethyl fumarate, or fingolimod (see subsection)
Tysabri	Saskatchewan	MS Neurologist	2nd (Monotherapy)	Relapsing/Remitting	1 relapse with partial recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI; OR ≥2 relapses with partial recovery in prior 1 year; OR ≥2 relapses with complete recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI	N/A	N/A	N/A	Failed adequate 36-month course of ≥1 1st-line DMTs as initial therapy on the SK formulary AND ≥1 disabling attack on an alternative DMT on the SK formulary; OR Documentation of most recent neurological exam 90 days, including description of recent attacks, gait, neurological findings	N/A	1 YEAR	Relapsing/Remitting	data/details of most recent neurological exam and EDSS score must be provided (exam 90 days) stable or ≤ 1 disabling attack/relapse in prior 1 year EDSS score ≤ 5.0	1 YEAR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Tysabri	Manitoba	MS Neurologist	2nd (Monotherapy)	Relapsing/Remitting	1 relapse with partial recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI; OR ≥2 relapses with complete recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI	N/A	N/A	N/A	Failed adequate 36-month course of ≥1 DMTs; OR Contraindications/intolerance to ≥2 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	1 relapse with partial recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI (i.e., ≥3 new lesions); OR ≥2 relapses with partial recovery in prior 1 year; OR ≥2 relapses with complete recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI	N/A	N/A	18-65	Failed adequate 36-month course of ≥1 of interferon, glatiramer acetate, dimethyl fumarate, or teriflunomide; OR Contraindications/intolerance to ≥2 of the 4 therapies	Documentation of most recent neurological exam 90 days, including description of recent attacks, gait, neurological findings	1 YEAR	Rapidly Evolving Severe Relapsing/Remitting	data/details of most recent neurological exam and EDSS score must be provided (exam 90 days) stable or ≤ 1 disabling attack/relapse in prior 1 year EDSS score ≤ 5.0	1st: 3 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	≥2 incapacitating clinical episodes with partial recovery in prior 1 year; OR ≥2 incapacitating clinical episodes with complete recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or ≥1 T2 lesions compared to a previous MRI	N/A	N/A	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 episodes during the first 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	1 relapse with partial recovery in prior 1 year and ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI; OR ≥2 relapses with partial recovery in prior 1 year; OR ≥2 relapses with complete recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI	N/A	N/A	N/A	Failed adequate 36-month course of ≥1 of interferon or glatiramer acetate; and ≥1 disabling relapses while on therapy; OR Contraindications/intolerance to ≥2 DMTs	Documentation of most recent neurological exam 90 days, including description of recent attacks, gait, neurological findings	1 YEAR	Relapsing/Remitting	data/details of most recent neurological exam and EDSS score must be provided (exam 90 days) stable or ≤ 1 disabling attack/relapse in prior 1 year EDSS score ≤ 5.0	1 YEAR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Tysabri	Nova Scotia	MS Neurologist	2nd (Monotherapy)	Relapsing/Remitting	1 relapse with partial recovery in prior 1 year and ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI; OR ≥2 relapses with partial recovery in prior 1 year; OR ≥2 relapses with complete recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI	N/A	N/A	N/A	Failed adequate 36-month course of ≥1 DMTs; OR Contraindications/intolerance to ≥2 DMTs	Documentation of most recent neurological exam 90 days, including description of recent attacks, gait, neurological findings	1 YEAR	Relapsing/Remitting	data/details of most recent neurological exam and EDSS score must be provided (exam 90 days) stable or ≤ 1 disabling attack/relapse in prior 1 year EDSS score ≤ 5.0	Not Reported	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Tysabri	Newfoundland	Not Reported	3rd (Monotherapy)	Relapsing/Remitting	1 relapse with partial recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI				Criteria Not Reported Online			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	1 relapse with partial recovery in prior 1 year; OR ≥2 relapses with complete recovery in prior 1 year AND ≥1 gadolinium-enhancing lesion on brain MRI; or significant ↑ in T2 lesion load compared to a previous MRI	N/A	N/A	N/A	Failed adequate 36-month course of ≥1 of interferon, glatiramer acetate, or dimethyl fumarate; OR Contraindications/intolerance to ≥2 of the 3 therapies	N/A	1 YEAR	Relapsing/Remitting	Not Reported	Not Reported	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

TERM	Province	DEFINITION
Disabling Attack	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 - 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
	BC	- new/worsening symptoms lasting at least 24 hours in the absence of fever, preceded by stability for at least 1 month
	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 trunk and cerevet) or symptoms revealing that the spinal cord affected (myelitis)
Intolerant	AB	- 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	AB	- 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: <ol style="list-style-type: none"> 1) adherent to the MS DMT (>80% of approved doses administered) 2) experienced 2 or more relapses of MS confirmed by neurological deficits on exam <ol style="list-style-type: none"> 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	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NFLD	YK	Federal plans	
DMT	Avonex	Public	Special auth. (1st line)											Case-by-case approvals	
		Private	Coverage with criteria											N/A	
	Tecfidera	Public	Special auth. (1st line)											Case-by-case approvals	
		Private	Coverage with criteria											N/A	
	Tysabri	Public	Special auth. (3rd line)	Special auth. (2nd line)				Can be used 1st line for rapidly evolving disease	Special auth. (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 auth. (1st line)						Case-by-case approvals
		Private	Coverage with criteria											N/A	
Supportive Care	Fampyra	Public	No coverage				No public access but many approvals through compassionate use	No coverage						Case-by-case approvals	
Private		Coverage with criteria											N/A		