# SPECIALTY GUIDELINE MANAGEMENT

## AVONEX (interferon beta-1a)

#### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### **FDA-Approved Indication**

Avonex is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

All other indications are considered experimental/investigational and not medically necessary.

### **II. PRESCRIBER SPECIALTIES**

This medication must be prescribed by or in consultation with a neurologist.

#### **III. CRITERIA FOR INITIAL APPROVAL**

#### A. Relapsing forms of multiple sclerosis

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

#### B. Clinically isolated syndrome

Authorization of 12 months may be granted to members for treatment of clinically isolated syndrome of multiple sclerosis.

#### **IV. CONTINUATION OF THERAPY**

For all indications: Authorization of 12 months may be granted for members who are experiencing disease stability or improvement while receiving Avonex.

#### V. OTHER

Members will not use Avonex concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).

#### VI. REFERENCES

#### Avonex 1837-A SGM P2024.docx

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1. Avonex [package insert]. Cambridge, MA: Biogen Inc.; July 2023.