# SPECIALTY GUIDELINE MANAGEMENT

# PLEGRIDY (peginterferon 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

Plegridy is indicated for the treatment of patients with 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 Plegridy.

# V. OTHER

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

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Reference number(s) 1844-A

### VI. REFERENCE

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

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