# PRIOR AUTHORIZATION CRITERIA

BRAND NAME AVONEX

(generic) (interferon beta-1a)

Status: CVS Caremark Criteria MDC

Type: Initial Prior Authorization Ref # 31-A

### FDA-APPROVED INDICATIONS<sup>1</sup>

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.

## **CRITERIA FOR APPROVAL**

Does the patient have a relapsing form of multiple sclerosis (MS) (e.g., relapsing-remitting Yes No

MS, active secondary progressive MS)?

[If yes, no further questions.]

2 Is the requested drug being prescribed for clinically isolated syndrome?
Yes
No

Guidelines for Approval				
Duration of Approval		12 months		
Set 1: Relapsing form of MS		Set 2: Clinically isolated syndrome		
Yes to question(s)	No to question(s)	Yes to question(s)	No to question(s)	
1	None	2	1	

	Mapping Instructions			
	Yes	No		
1.	Approve, 12 months	Go to 2		
2.	Approve, 12 months	Deny		

#### **RATIONALE**

These criteria meet the Medicare Part D definition of a medically accepted indication. This definition includes uses which are approved by the FDA or supported by a citation included, or approved for inclusion, in one of the Medicare approved compendia.

The intent of the criteria is to ensure that patients follow selection elements noted in labeling and/or practice guidelines in order to decrease the potential for inappropriate utilization.

## **REFERENCES**

1. Avonex [package insert]. Cambridge, MA: Biogen Inc; March 2020.

# DOCUMENT HISTORY

Written: Specialty Clinical Development (AC) 04/2011

Revised: DK 04/2012; HY 05/2013, 05/2014; IP 04/2015; KF 04/2016 (annual), KF 03/2017 (2018 simplification); ST 04/2017 (annual, no

changes), PS 04/2018, LP 06/2018 (CMS), BI 04/2019, PS 06/2019 (CMS), BI 07/2020 (CMS)

Reviewed: CDPR/KP 04/2011, 05/2012, DNC 05/2013, 06/2014, 05/2015, LMS 04/2016, AN 03/2017, TKP 05/2017, AN 04/2018, TKP

05/2019

External Review: 06/2011, 06/2012, 06/2013, 07/2014, 6/2015, 06/2016, 06/2017, 06/2018, 06/2019

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