Reference number(s) 1844-A

## 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. 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 the treatment of clinically isolated syndrome of multiple sclerosis.

### **III. 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.

#### IV. OTHER CRITERIA

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

#### V. REFERENCE

1. Plegridy [package insert]. Cambridge, MA: Biogen, Inc.; March January 2021.

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