

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.