

PHARMACY POLICY STATEMENT

Georgia Medicaid

DRUG NAME	Interferons for Multiple Sclerosis: Avonex (interferon beta-1a), Betaseron (interferon beta-1b), Extavia (interferon beta-1b), Plegridy (peginterferon beta-1a), Rebif (interferon beta-1a)
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Interferons-beta were the first class of disease-modifying therapy (DMT) approved for the treatment of multiple sclerosis. There are two IFN-beta 1b preparations (Betaseron and Extavia), and three IFN-beta 1a preparations (Avonex, Rebif, and Plegridy). They are indicated for relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. Like the other DMT's, they reduce the number of relapses and reduce disability progression. While they may be comparatively less effective than some of the newer options, interferons may have a more favorable safety profile.

MS is a disorder of the central nervous system (CNS) characterized by inflammation, demyelination and degenerative changes. Most people with MS experience relapses and remissions of neurological symptoms.

Interferons for Multiple Sclerosis will be considered for coverage when the following criteria are met:

Multiple Sclerosis (MS)

For **initial** authorization:

1. Medication must be prescribed by or in consultation with a neurologist; AND
2. Member has a diagnosis of a relapsing form of MS:
 - a) Clinically isolated syndrome or
 - b) Relapsing-remitting disease or
 - c) Active secondary progressive disease; AND
3. If the request is for a non-preferred interferon product, at least one preferred interferon product must be tried first.
4. **Dosage allowed/Quantity limit:**
 - Avonex: 30 mcg IM once a week (4 syringes/autoinjectors per 28 days)
 - Betaseron or Extavia: After titration, 0.25 mg (1 mL) every other day (15 vials per 30 days)
 - Plegridy: After titration, 125 mcg subQ or IM every 14 days (2 pens/syringes per 28 days)
 - Rebif: After titration, 22 mcg or 44 mcg subQ 3 times per week (12 syringes/autoinjectors per 28 days)

If all the above requirements are met, the medication will be approved for 12 months.

For **reauthorization**:

1. Documentation of positive clinical response such as one of the following:
 - a) Reduced frequency of relapses
 - b) Decreased progression of disability
 - c) No new or enlarging lesions on MRI

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers Interferons for Multiple Sclerosis not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
06/20/2022	New policy for MS interferons created; (individual product policies archived). Moved clinically isolated syndrome from exclusion to indication, added renewal criteria, removed glatiramer from trial options.

References:

1. Avonex. Prescribing information. Biogen Inc.; 2021.
2. Betaseron. Prescribing information. Bayer HealthCare Pharmaceuticals Inc.; 2021.
3. Extavia. Prescribing information. Novartis Pharmaceuticals Corporation; 2021.
4. Plegridy. Prescribing information. Biogen Inc.; 2022.
5. Rebif. Prescribing information. EMD Serono, Inc.; 2021.
6. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology [published correction appears in *Neurology*. 2019 Jan 8;92(2):112]. *Neurology*. 2018;90(17):777-788. doi:10.1212/WNL.0000000000005347
7. The Use of Disease-Modifying Therapies in Multiple Sclerosis: Principles and Current Evidence. MS Coalition. Updated September 2019. https://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/DMT_Consensus_MS_Coalition.pdf
8. La Mantia L, Di Pietrantonj C, Rovaris M, et al. Interferons-beta versus glatiramer acetate for relapsing-remitting multiple sclerosis. *Cochrane Database Syst Rev*. 2016;11(11):CD009333. Published 2016 Nov 24. doi:10.1002/14651858.CD009333.pub3

Effective date: 01/01/2023

Revised date: 06/20/2022