

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Peginterferon beta-1a (Plegridy)

Notes:

* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **peginterferon beta-1a (Plegridy)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurologist
- Diagnosis of Relapsing form of Multiple Sclerosis (MS) on the Problem list, including:
 - Non-Progressive Relapsing MS
 - Progressive Relapsing MS
 - Relapsing Remitting MS
- Patient has an allergy or is intolerance* to
 - Glatiramer acetate (Copaxone or Glatopa) **-AND-**
 - Interferon beta-1b (Extavia) **-AND-**
 - Interferon beta-1a (Avonex) **-AND-**
- Patient is not a candidate for rituximab per prescribing neurologist

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **peginterferon beta-1a (Plegridy)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of Multiple Sclerosis (MS) on the Problem list:
- Patient has an allergy or is intolerance* to
 - Glatiramer acetate (Copaxone or Glatopa) **-AND-**
 - Interferon-beta1b (Extavia) **-AND-**
 - Interferon-beta1a (Avonex)

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Continued use criteria for patients stable on the medication: Non-formulary **peginterferon beta-1a (Plegridy)** will continue to be covered on the prescription drug benefit for 24 months when the following criteria are met:

- Prescribed by a neurologist
- Patient has completed the following lab monitoring within the last 6 months
 - Complete blood count with differential (CBC w/diff)
 - Liver function test (alanine aminotransferase, ALT)
- Patient is NOT using peginterferon beta-1a (Plegridy) with another disease modifying treatment (i.e., glatiramer, interferon beta-1b, natalizumab, fingolimod, teriflunomide, dimethyl fumarate, rituximab)