STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

INTERFERON FOR MS - PLEGRIDY

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PEGINTERFERON BETA-1A	PLEGRIDY, PLEGRIDY PEN	41331		GPI-10 (6240307530)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of a relapsing form of multiple sclerosis, to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease **AND** meet the following criterion?
   - The patient is 18 years of age or older

   If yes, **approve for 12 months by GPID or GPI-14 as follows:**
   INITIAL REQUESTS:
   - **FIRST APPROVAL: Plegridy injection starter pack: approve for 1 month with a quantity limit of 1mL (#2 prefilled pens or syringes).**
   - **SECOND APPROVAL: Plegridy Pen/Syringe: approve for 11 months (total approval duration of 12 months) with a quantity limit of 1mL (#2 125mcg prefilled pens or syringes) per 28 days. (Please enter start date of 3 weeks AFTER the START date of the first approval.).**

   SUBSEQUENT REQUESTS:
   - **Plegridy Pen/Syringe: approve for 12 months with a quantity limit of 1mL (#2 125mcg prefilled pens or syringes) per 28 days.**

   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **INTERFERON FOR MS - PLEGRIDY** requires the following rule(s) be met for approval:
   A. You have a relapsing form of multiple sclerosis (MS: a type of nerve disorder), to include clinically isolated syndrome (disease occurs once), relapsing-remitting disease (symptoms go away and return), and active secondary progressive disease (advanced disease)
   B. You are 18 years of age or older

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Plegridy.

REFERENCES

- Plegridy [Prescribing Information]. Cambridge, MA: Biogen Inc.; July 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 11/01/22
Created: 10/22
Client Approval: 10/22
P&T Approval: 01/20