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

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

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

<u>Criteria for new members entering Kaiser Permanente already taking the</u> <u>medication who have not been reviewed previously</u>: Non-formulary **peginterferon beta-1a (Plegridy)** will be covered on the prescription drug benefit for <u>12 months</u> 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-
 - o Interferon-beta1b (Extavia) -AND-
 - Interferon-beta1a (Avonex)

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Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

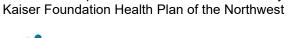
Peginterferon beta-1a (Plegridy)

<u>Continued use criteria for patients stable on the medication</u>: 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)

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