

SPECIALTY GUIDELINE MANAGEMENT

AVONEX (interferon beta-1a)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication: Avonex is indicated for the treatment of patients with relapsing forms of multiple sclerosis to slow the accumulation of physical disability and decrease the frequency of clinical exacerbations. Patients with multiple sclerosis in whom efficacy has been demonstrated include patients who have experienced a first clinical episode and have MRI features consistent with multiple sclerosis.

All other indications are considered experimental/investigational and are not covered benefits.

II. CRITERIA FOR INITIAL APPROVAL

A. Relapsing forms of multiple sclerosis

Authorization of 24 months may be granted to members who have been diagnosed with ANY of the following relapsing forms of multiple sclerosis:

1. Progressive-relapsing multiple sclerosis (PRMS)
2. Relapsing-remitting multiple sclerosis (RRMS)
3. Secondary progressive multiple sclerosis (SPMS) with documented relapses

B. First clinical episode of multiple sclerosis

Authorization of 24 months may be granted to members who have magnetic resonance imaging (MRI) features consistent with multiple sclerosis.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

IV. DOSAGE AND ADMINISTRATION

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The following dosing limits apply: 30 micrograms per week.

V. REFERENCES

1. Avonex [package insert]. Cambridge, MA: Biogen Idec Inc.; March 2016.
2. National Multiple Sclerosis Society. *Disease Management Consensus Statement*. New York, NY: National Multiple Sclerosis Society; 2008. Available at:

http://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/ExpOp_Consensus.pdf. Accessed April 26, 2016.

3. Goodin DS, Frohman EM, Garmany GP, et al. Disease modifying therapies in multiple sclerosis: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. *Neurology*. 2002;58:169-178.