BlueShield of Northeastern New York
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DRUG P&T NEWSLETTER

# Drug Therapy Guidelines:
## *MS Agents*
## *Rebif® (interferon beta-1a), Avonex® (interferon beta-1a), Copaxone® (glatiramer acetate), Betaseron® (interferon beta-1b)*

*Effective Date: 11/20/07*
*Committee Review Date: 9/21/05, 8/29/06, 11/5/07*

**Policy Statements:**

**Non-Formulary or Prior Authorization drugs will require an appropriate trial of a Formulary agent(s) based on clinical criteria. Members with a closed Formulary (2 Tier) prescription benefit are limited to use of Formulary agents only. A therapeutic trial of samples of a Non-Formulary or Prior Authorization agent will not be accepted as appropriate.**

**Please be sure to list all therapies that have been previously tried on the request form so that your request can be processed in a timely manner.**

**What it Does and How it is Used:**

- Since the publication of the American Academy of Neurology guidelines, a number of comparative clinical trials have provided more insight regarding the efficacy of interferon beta (IFNß)
- More frequent high-dose IFNß may be more effective than low-dose weekly administration (Independent Comparison of Interferon [INCOMIN] study)
- Greater clinical and MRI benefits are seen with higher dose, more frequently administered IFNß(European-North American Comparative Efficacy [EVIDENCE] study)
- Initiation of therapy with an immunomodulator is advised as soon as possible following a definite diagnosis of MS with a relapsing course. Immunomodulators include Rebif® (interferon beta-1a), Avonex® (interferon beta-1a), Betaseron® (interferon beta-1b) and Copaxone® (glatiramer acetate).
- No scientific evidence supports use of combination therapy for multiple sclerosis to date although trials are currently underway.

**Rationale for Prior Authorization:**
To provide coverage for interferon-beta or glatiramer acetate for patients with multiple sclerosis.

**Benefit Design:**
Coverage is determined through a prior authorization process for every claim
OR
Coverage is provided immediately for all claims where the prescription was written by a neurologist.

**Prior Authorization Criteria:**
Coverage for Rebif® (interferon beta-1a), Avonex® (interferon beta-1a), Betaseron® (interferon beta-1b) or Copaxone® (glatiramer acetate) is provided in accord with the following:

- As soon as possible for patients with a definite diagnosis of relapsing-remitting multiple sclerosis (RRMS), or those who are at high risk for developing clinically definite multiple sclerosis (CDMS). Relapsing forms are considered CDMS when there is "dissemination in space and time" in the CNS as demonstrated by MRI.
- RRMS is characterized by:
    a) Clearly defined disease relapses with full recovery or sequelae, with residual deficit upon recovery.
    b) Periods between disease relapses are characterized by a lack of disease progression.
    c) Approximately 80% of MS patients initially present with this form.
- Continue therapy for as long as medically needed, unless there is:
    a) A clear lack of benefit
    b) Intolerable side effects
    c) New data documenting medical reasons to halt therapy
    d) An improved drug alternative becomes available.

Overall, decisions to treat RRMS should be made on an individual basis with awareness that treatment benefits may be modest and that long-term disability outcome has not been clearly correlated with treatment-induced reductions in relapse rates. Patients must adhere to drug regimens for sustained periods to receive maximal benefit. All treatments have side effects, and any given product may be more or less appropriate for an individual patient based on lifestyle and side effect tolerability.

**Coverage Duration:**
Coverage is provided for 12 months and may be renewed.

| **Medication:** | **Indications:** | **Dosing:** | **Dosage Forms:** |
|---|---|---|---|
| Avonex® (Interferon beta 1a) | For the treatment of<br>• relapsing forms of MS<br>• for single clinical episode if MRI consistent with MS are also present | 30ug once weekly IM | 30 mcg single use vial<br>30 mcg prefilled syringe<br>(4 in pack) |
| Rebif® (Interferon beta 1a) | • relapsing forms of MS | 22-44ug three times weekly SC | Titration pack (six 8.8 mcg and six 22 mcg prefilled syringes<br><br>22 mcg prefilled syringes (in packs of 1 and 12)<br><br>44 mcg prefilled syringes (in packs of 1 and 12) |
| Betaseron® (Interferon beta 1b) | • relapsing forms of MS | 250ug every other day SC | Single use 250 mcg vial with syringe prefilled with diluent; 15 per pack |
| Copaxone® (glatiramer acetate) | • relapsing-remitting MS | 20mg once daily SC | 20 mg prefilled syringe in cartons of 30 |

**References:**


1. Avonex® package insert. Cambridge, MA: Biogen; 2003 April.
2. Betaseron® package insert. Wayne, NJ: Berlex Labs; 2003 April.
3. Copaxone® package insert. Kansas City, MO: Teva Pharmaceuticals; 2002 January.
4. Rebif® prescribing information. 2004.
5. Disease management consensus statement. Medical advisory board of the National Multiple Sclerosis Society. Available at: http://www.nationalmssociety.org/pdf/forpros/exp_consensus.pdf
6. Durelli L., Verdun E., Barbero P., et al. Independent Comparison of Interferon (INCOMIN) Trial Group. Every-other-day interferon beta-1b versus once-weekly interferon beta-1a for multiple sclerosis: results of a 2-year prospective randomized multicentre study (INCOMIN). *Lancet* 2002; 359:1453-60.
7. 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* 2002:58:169-78.
8. Panitch H, Goodin DS, Francis G. EVIDENCE Study Group. Randomized, comparative study of interferon beta-1a treatment regimens in MS: the EVIDENCE trial. *Neurology* 2002:59:1496-506.
9. Khan OA, Tselis JA, Kamholz JY, et al. A prospective, open-label treatment trial to compare the effects of IFN beta 1-a (Avonex®), IFN beta 1-b (Betaseron®), and glatiramer acetate (Copaxone®) on the relapse rate in relapsing-remitting multiple sclerosis. *Eur J Neur* 2002; 8:141-8.