



PRIOR AUTHORIZATION POLICY

- POLICY:** Multiple Sclerosis – Betaseron/Extavia Prior Authorization Policy
- Betaseron® (interferon beta-1b subcutaneous injection – Bayer)
 - Extavia® (interferon beta-1b subcutaneous injection – Novartis)

REVIEW DATE: 11/08/2023

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Betaseron and Extavia are indicated for the treatment of relapsing forms of **multiple sclerosis** (MS) to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults.^{1,2} Extavia and Betaseron are essentially the same formulation of interferon beta-1b. The only difference is that Extavia is supplied with a 27 gauge needle compared to a 30 gauge needle that is given with Betaseron.

Disease Overview

MS is a chronic, inflammatory, demyelinating, autoimmune disease of the central nervous system (CNS) that impacts almost 1,000,000 people in the US.³⁻⁵ The condition is marked by inflammation and demyelination, as well as degenerative alterations. Patients usually experience relapses and remissions in their neurological symptoms. For most patients, the onset of MS symptoms occurs when patients are 20 to 40 years of age; however, children can get MS and new onset disease can occur in older adults. The MS disease course is heterogeneous but has some patterns. Approximately 85% to 90% of patients have a relapsing pattern at onset. However, this transitions over time in patients who are untreated to a worsening with very few or no relapses or magnetic resonance imaging (MRI) activity (secondary progressive

MS). Around 10% to 15% of patients have a steady progression of symptoms over time (primary progressive MS), marked by some clinical manifestations or by MRI activity. Primary progressive MS is generally diagnosed in patients on the upper level of the typical age range (e.g., almost 40 years of age) and the distribution is equivalent among the two genders.³⁻⁵ Advances in the understanding of the MS disease process, as well as in MRI technology, spurred updated disease course descriptions in 2013,⁶ as well as in 2017.⁷ The revised disease courses are clinically isolated syndrome, relapsing remitting MS, primary progressive MS, and secondary progressive MS.³⁻⁷ Clinically isolated syndrome is now more recognized among the course descriptions of MS. It is the first clinical presentation of MS that displays characteristics of inflammatory demyelination that may possibly be MS but has yet to fulfill diagnostic criteria. It is notable that the other MS designations can be further characterized considering whether patients have active disease (or not active), as well as if disease is worsening or stable. Disability in MS is commonly graded on the deterioration of mobility per the Expanded Disability Status Scale (EDSS) an ordinal scale that ranges from 0 to 10, with higher scores indicating greater disability.

Guidelines

In September 2019, a consensus paper was updated by the MS Coalition that discusses the use of disease-modifying therapies in MS.³ Many options from various disease classes, involving different mechanisms of action and modes of administration, have shown benefits in patients with MS.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Betaseron and Extavia. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Betaseron/Extavia as well as the monitoring required for adverse events and long-term efficacy, approval requires Betaseron and Extavia to be prescribed by or in consultation with a physician who specializes in the condition being treated.

- **Betaseron® (interferon beta-1b subcutaneous injection – Bayer)**
- **Extavia® (interferon beta-1b subcutaneous injection – Novartis)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. Multiple Sclerosis. Approve for the duration noted below if the patient meets one of the following (A or B):

- A) Initial Therapy.** Approve for 1 year if the patient meets the following (i and ii):
- i. Patient has a relapsing form of multiple sclerosis; AND

Note: Examples of relapsing forms of multiple sclerosis include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease.

- ii. Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; OR

B) Patient is Currently Receiving Betaseron or Extavia for \geq 1 Year. Approve for 1 year if the patient meets the following (i, ii, and iii):

- i. Patient has a relapsing form of multiple sclerosis; AND

Note: Examples of relapsing forms of multiple sclerosis include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease.

- ii. Patient meets one of the following (a or b):

- a) Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR

Note: Examples include stabilization or reduced worsening in disease activity as evaluated by magnetic resonance imaging (MRI) [absence or a decrease in gadolinium enhancing lesions, decrease in the number of new or enlarging T2 lesions]; stabilization or reduced worsening on the Expanded Disability State Scale (EDSS) score; achievement in criteria for No Evidence of Disease Activity-3 (NEDA-3) or NEDA-4; improvement on the fatigue symptom and impact questionnaire-relapsing multiple sclerosis (FSIQ-RMS) scale; reduction or absence of relapses; improvement or maintenance on the six-minute walk test or 12-Item MS Walking Scale; improvement on the Multiple Sclerosis Functional Composite (MSFC) score; and/or attenuation of brain volume loss.

- b) Patient experienced stabilization, slowed progression, or improvement in at least one symptom such as motor function, fatigue, vision, bowel/bladder function, spasticity, walking/gait, or pain/numbness/tingling sensation; AND

- iii. Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis.

CONDITIONS NOT COVERED

- **Betaseron® (interferon beta-1b subcutaneous injection – Bayer)**
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is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

- 1. Concurrent Use with Other Disease-Modifying Agents Used for Multiple Sclerosis.** These agents are not indicated for use in combination (See Appendix for examples). Additional data are required to determine if use of disease-modifying multiple sclerosis agents in combination is safe and provides added efficacy.

2. Non-Relapsing Forms of Multiple Sclerosis. The efficacy of Betaseron/Extavia have not been established in patients with non-relapsing forms of multiple sclerosis.¹

Note: An example of a non-relapsing form of multiple sclerosis is primary progressive multiple sclerosis.

REFERENCES

1. Betaseron® subcutaneous injection [prescribing information]. Whippany, NJ: Bayer; July 2023.
2. Extavia® subcutaneous injection [prescribing information]. East Hanover, NJ: Novartis; July 2023.
3. A Consensus Paper by the Multiple Sclerosis Coalition. The use of disease-modifying therapies in multiple sclerosis. September 2019. Available at: http://www.nationalmssociety.org/getmedia/5ca284d3-fc7c-4ba5-b005-ab537d495c3c/DMT_Consensus_MS_Coalition_color. Accessed on November 4, 2023.
4. McGinley MP, Goldschmidt C, Rae-Grant AD. Diagnosis and treatment of multiple sclerosis. A review. *JAMA*. 2021;325(8):765-779.
5. No authors listed. Drugs for multiple sclerosis. *Med Lett Drugs Ther*. 2021;63(1620):42-48.
6. Lublin FD, Reingold SC, Cohen JA, et al. Defining the clinical course of multiple sclerosis: the 2013 revisions. *Neurology*. 2014;83:278-286.
7. Thompson AJ, Banwell BL, Barkhof F, et al. Diagnosis of multiple sclerosis: 2017 revisions of the McDonald criteria. *Lancet Neurol*. 2018;17(2):162-173.

HISTORY

| Type of Revision | Summary of Changes | Review Date |
|-----------------------|---|-------------|
| Early Annual Revision | No criteria changes. | 10/26/2022 |
| Update | 08/10/2023: No criteria changes. To the Appendix, Briumvi and Tascenso ODT were added. Also, it was noted that Aubagio is available as a generic. | NA |
| Annual Revision | No criteria changes. | 11/08/2023 |

APPENDIX

| Medication | Mode of Administration |
|---|-------------------------------|
| Aubagio® (teriflunomide tablets, generic) | Oral |
| Avonex® (interferon beta-1a intramuscular injection) | Injection (self-administered) |
| Bafiertam® (monomethyl fumarate delayed-release capsules) | Oral |
| Betaseron® (interferon beta-1b subcutaneous injection) | Injection (self-administered) |
| Briumvi® (ublituximab-xij intravenous infusion) | Intravenous infusion |
| Copaxone® (glatiramer acetate subcutaneous injection, generic) | Injection (self-administered) |
| Extavia® (interferon beta-1b subcutaneous injection) | Injection (self-administered) |
| Gilenya® (fingolimod capsules, generic) | Oral |
| Glatopa® (glatiramer acetate subcutaneous injection) | Injection (self-administered) |
| Kesimpta® (ofatumumab subcutaneous injection) | Injection (self-administered) |
| Lemtrada® (alemtuzumab intravenous infusion) | Intravenous infusion |
| Mavenclad® (cladribine tablets) | Oral |
| Mayzent® (siponimod tablets) | Oral |
| Ocrevus® (ocrelizumab intravenous infusion) | Intravenous infusion |
| Plegridy® (peginterferon beta-1a subcutaneous or intramuscular injection) | Injection (self-administered) |
| Ponvory® (ponesimod tablets) | Oral |
| Rebif® (interferon beta-1a subcutaneous injection) | Injection (self-administered) |
| Tascenso ODT® (fingolimod orally disintegrating tablets) | Oral |
| Tecfidera® (dimethyl fumarate delayed-release capsules, generic) | Oral |
| Tyruko® (natalizumab-sztn intravenous infusion) | Intravenous infusion |
| Tysabri® (natalizumab intravenous infusion) | Intravenous infusion |
| Vumerity® (diroximel fumarate delayed-release capsules) | Oral |
| Zeposia® (ozanimod capsules) | Oral |

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