



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Plegridy™ (peginterferon beta-1a)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List
- Member must be 18 years of age or older
- Must be written by or in consultation with a neurologist
 - If not written by or in consultation with a neurologist, copy of recent consult must be submitted
- Member must have a diagnosis of relapsing form of multiple sclerosis (MS):
 - Clinically isolated syndrome (CIS)
 - Relapsing-remitting MS (RRMS)
 - Secondary progressive MS (SPMS)
- Approval granted for one year