Add Nav bar

ONCE-A WEEK AVONEX (interferon beta-1a)
IM INJECTION

Portfolio Commitment

Biogen Is Committed to Meeting Patient Needs With a Broad Multiple Sclerosis Portfolio

Move up

Biogen remains committed to the multiple sclerosis (MS) community by continuing to develop and bring to market innovative treatments such as PLEGRIDY® (peginterferon beta1-a).

- Because AVONEX is an established product in the marketplace, we understand that it has become a treatment relied upon by patients and providers
- With the launch of PLEGRIDY, Biogen will enhance its portfolio of treatments for relapsing forms of multiple sclerosis (RMS). AVONEX will continue to be commercially available and Biogen will offer assistance programs for qualified AVONEX patients. However, Biogen ceased active promotion of AVONEX to healthcare providers and patients following the US Food and Drug Administration approval of PLEGRIDY in August 2014
- Biogen does not recommend one therapy over another. We recommend that patients with relapsing forms of MS be treated with a clinically appropriate therapy based on physician recommendation. PLEGRIDY offers an option for appropriate patients with RMS

ED Q: Are Indication and ISI also supposed to run in a scroll bar on the right-hand side of the page, as instructed in MS?

No

Indication and Important Safety Information

AVONEX® (interferon beta-1a) 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.

Delete

Insert "*Please see full Prescribing Information and important safety information for AVONEX and PLEGRIDY, accessible from the left-hand navigation bar, for additional important safety information.*"

~~Please see full Prescribing Information for additional Important Safety Information.~~

PI

ISI

ONCE-A WEEK AVONEX (interferon beta-1a)
IM INJECTION

Portfolio Commitment

Important Safety Information

Insert (continued)

- Patients and their caregivers should be advised to report immediately any symptoms of depression, suicidal ideation, or psychosis to their p[illegible]ms, and cases of suicide, have been reported with increased freque[illegible] If a patient develops depression or other severe psychiatric symptoms, c[illegible] be considered.
- Severe hepatic injury, including [illegible]eported rarely in patients taking AVONEX. Patients should be monitored f[illegible] exercised when AVONEX is used concomitantly with alcohol or other drugs associated with hepatic injury.
- Rare cases of anaphylaxis have been reported. Other allergic reactions have included dyspnea, orolingual edema, skin rash and urticaria.
- While beta interferons do not have any known direct cardiac toxicity, cases of congestive heart failure, cardiomyopathy, and cardiomyopathy with congestive heart failure have been reported in patients without known predisposition. Patients with these pre-existing conditions should be monitored for worsening of their cardiac condition during initiation and continued treatment with AVONEX.
- Decreased peripheral blood counts in all cell lines, including rare pancytopenia and thrombocytopenia, have been reported from postmarketing experience.
- Seizures have been reported in patients using AVONEX, including in patients with no prior history of seizure. It is not known whether these events were related to the effects of multiple sclerosis alone, to AVONEX, or to a combination of both.

Delete page

AVONEX Important Safety Information continued on the next screen.

Should we insert "Click to see"?

Please see full Prescribing Information for additional Important Safety Information.

PI
ISI

ONCE-A WEEK AVONEX (interferon beta-1a)
IM INJECTION

Portfolio Commitment

Important Safety Information (continued)

- Autoimmune disorders of multiple target organs have been reported. If patients develop a new autoimmune disorder, consider stopping therapy.
- Routine periodic blood chemistry, hematology, liver function, and thyroid function tests are recommended during treatment with AVONEX.
- There are no adequate and well-controlled studies in pregnant women. AVONEX should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
- The most common side effects associ nt are flu-like symptoms including chills, fever, myalgia, and asthenia.

PLEDGITY Important Safety Information n.

GLOBAL:Replace with "PLEGRIDY"

Delete page

begins

Please see full Prescribing Information for additional Important Safety Information.

PI
ISI

plegridy®
(peginterferon beta-1a)

Portfolio Commitment

PLEGRIDY Important Safety Information

Indication

PLEGRIDY™ (peginterferon be[illegible] reatment of patients with relapsing forms of multiple sclerosis.

Delete page

Important Safety Infor[illegible]

- PLEGRIDY is contraindicate[illegible] of hypersensitivity to natural or recombinant nterferon beta or peginterfer[illegible]t of the formulation.
- Severe hepatic injury, including hepatitis, autoimmune hepatitis, and rare cases of severe hepatic failure, have been reported with interferon beta. Asymptomatic elevation of hepatic transaminases has also been reported, and in some patients has recurred upon rechallenge with interferon beta. Elevations in hepatic enzymes and hepatic injury have been observed with PLEGRIDY in clinical studies. The incidence of elevations of ALT and AST above 5 times the upper limit of normal was 2% in PLEGRIDY-treated patients (1% placebo) and was <1% in PLEGRIDY-treated patients (<1% placebo), respectively. Monitor liver function tests and patients for signs of hepatic injury. Consider discontinuation of PLEGRIDY if hepatic injury occurs.

insert i: "interferon"

PLEDGITY Important Safety Information continued on the next screen.

GLOBAL:Replace with "PLEGRIDY"

For additional information on dosing, titration, and premedication, please see full Prescribing Information.

Please see full Prescribing Information and Medication Guide for additional safety information

MG
PI
ISI

plegridy®
(peginterferon beta-1a)

Portfolio Commitment

Important Safety Information (continued)

- Depression, suicidal ideation, and suicide occur more frequently in patients receiving interferon beta than in patients receiving placebo. The overall incidence of adverse events related to depression and suicidal ideation was 8% in both the PLEGRIDY and placebo groups. The incidence of serious events was similar and less than 1% in both groups. Advise patients to report immediately any symptom of depression or suicidal ideation. If a patient develops depression or other severe psychiatric symptoms, consider stopping treatment with PLEGRIDY.
- Seizures are associated with the use [Delete page] dence of seizures in clinical studies was less than 1% in patients receiving PLEGRI caution when administering PLEGRIDY to patients with a seizure disorder.
- Anaphylaxis and other serious allergic cations of treatment with interferon beta. Less than 1% of PLEGRIDY-treated p us allergic reaction such as angioedema or urticaria. Discontinue PLEGRIDY if occurs.
- Injection site reactions, including injection site necrosis, can occur with the use of subcutaneous interferon beta. The incidence of injection site reactions (e.g., injection site erythema, pain, pruritus, or edema) was 66% in the PLEGRIDY group (3% were severe) and 11% in the placebo group (0% were severe). One patient out of 1468 patients who received PLEGRIDY experienced injection site necrosis. Decisions to discontinue therapy following necrosis at a single injection site should be based on the extent of the necrosis. If therapy is continued, avoid administration of PLEGRIDY near the affected area until it is fully healed. If multiple lesions occur, discontinue PLEGRIDY until healing occurs.

PLEDGITY Important Safety Information continued on the next screen.

GLOBAL:Replace with "PLEGRIDY"

For additional information on dosing, titration, and premedication, please see full Prescribing Information.

Please see full Prescribing Information and Medication Guide for additional safety information

MG
PI
ISI

Portfolio Commitment

Important Safety Information (continued)

- Congestive heart failure, cardiomyopathy, and cardiomyopathy with congestive heart failure occur in patients receiving interferon beta. The incidence of cardiovascular events was 7% in both PLEGRIDY and placebo treatment groups. Monitor patients with significant cardiac disease for worsening of their cardiac condition during initiation and continuation of treatment with PLEGRIDY.

- Interferon beta can cause decreased peripheral blood counts in all cell lines, including rare instances of pancytopenia and severe thrombocy e blood cell counts below 3.0 x 109/L occurred in 7% of patients receiving iving placebo. The incidence of clinically significant decreases in lymphocyte neutrophil counts (below 1.0 x 109/L), and platelet counts (below 100 x 109/L) v milar in both placebo and PLEGRIDY groups. Monitor patients for infections, bleed mia. Monitor complete blood cell counts, differential white blood cell counts, a reatment with PLEGRIDY. Patients with myelosuppression may require more od cell counts.

- Autoimmune disorders of multiple target organs including idiopathic thrombocytopenia, hyper- and hypothyroidism, and autoimmune hepatitis have been reported with interferon beta. The incidence of autoimmune disorders was less than 1% in both PLEGRIDY and placebo treatment groups. If patients develop a new autoimmune disorder, consider stopping PLEGRIDY.

- The most common adverse reactions (incidence greater than 10% and at least 2% more than placebo) associated with PLEGRIDY treatment are injection site erythema, influenza-like illness, pyrexia, headache, myalgia, chills, injection site pain, asthenia, injection site pruritus, and arthralgia.

~~PLEDGITY Important Safety Information continued on the next screen.~~

For additional information on dosing, titration, and premedication, please see full Prescribing Information.

Please see full Prescribing Information and Medication Guide for additional safety information

Delete page

Superscript 9.
Should read: 10^9 L (x4)

Delete

MG
PI
ISI

slide out menu

Add Nav bar

NO, but we need the but we need the grey shadow bar to pop out from the left and say "Frequency of Relapse"

Backup has a subhead here that says "Frequency of Relapse. Do we need that? Please treat this as a global query for all subsections.

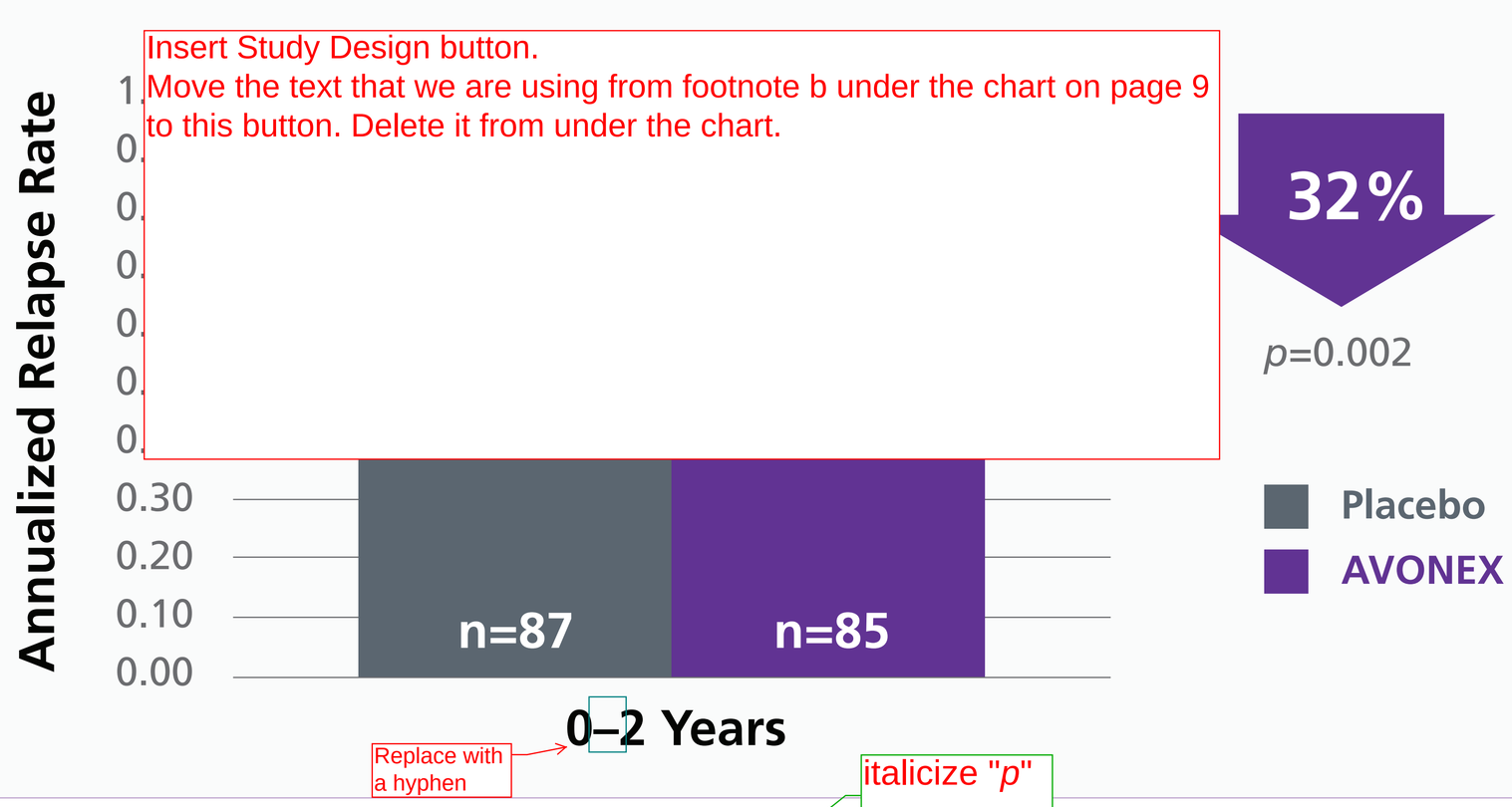
ONCE-A WEEK AVONEX (interferon beta-1a) IM INJECTION

Efficacy

Avonex Reduced Frequency Of Relapse[1]

ALL CAPS

lc



To DIG team: Verify in VEEVA specs that this is the right placement for the ref button

Replace with a hyphen

italicize "*p*"

- In the overall study population, treatment with AVONEX resulted in an 18% reduction in annualized relapse rate (ARR) vs placebo (0.67 vs 0.82, respectively; p=0.04) irrespective of time on study therapy

Delete entire call out. We will not have one on this slide

39% of AVONEX patients were free of relapse over 2 years.[1]

I know this is a design element, but looks like pop-up. Global delete

Insert global at the bottom of the remaining pages. "*Please see full Prescribing Information and Important Safety Imformation, accessible from the left-hand navigation bar.*"

for additional important safety information.

om the left-hand navigation menu," is n backup and does not appear before this page. Was it by design? If so, should we add it on earlier pages as

No

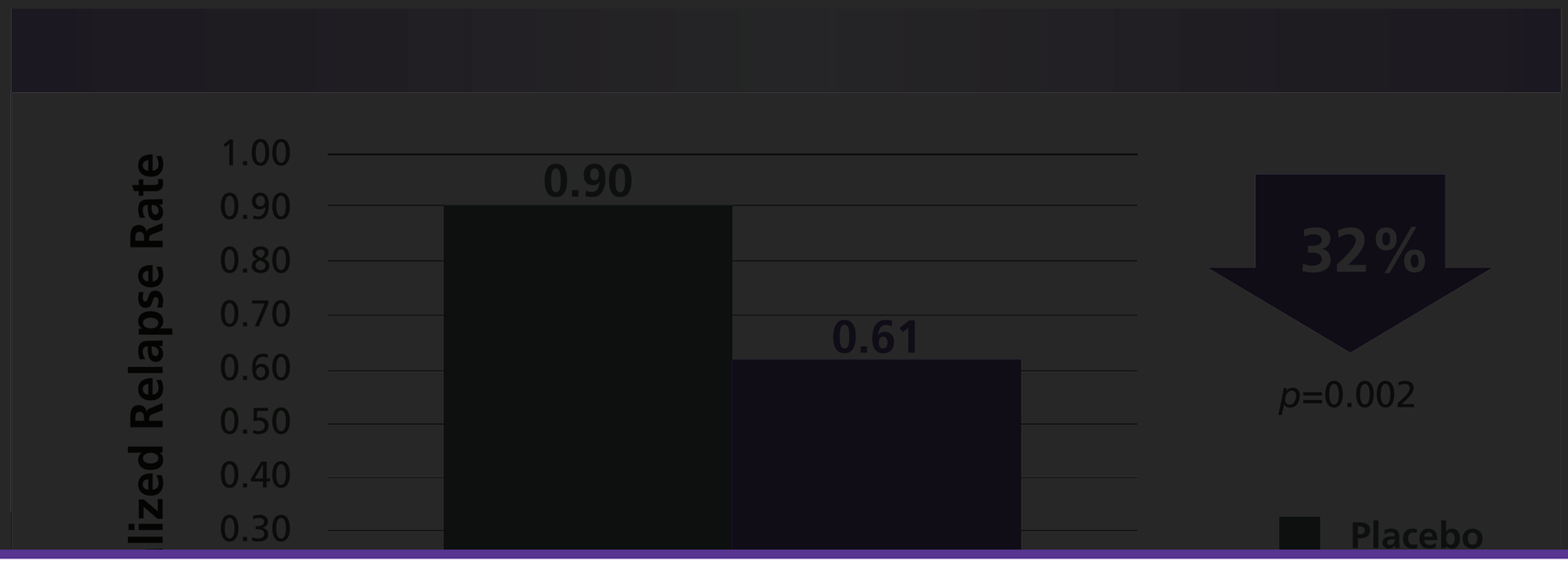
REF

PI

ISI

Efficacy

Avonex Reduced Frequency Of Relapse[1]



Insert "s"

Reference:

Insert:
2. AVONEX Prescribing Information. Cambridge, MA: Biogen; 2014.

1. Jacobs LD, Cookfair DL, Rudick RA, et al. Intramuscular interferon beta-1a for disease progression in relapsing multiple sclerosis. *Ann Neurol.* 1996;39(3):285-294.

ONCE-A WEEK AVONEX (interferon beta-1a) IM INJECTION

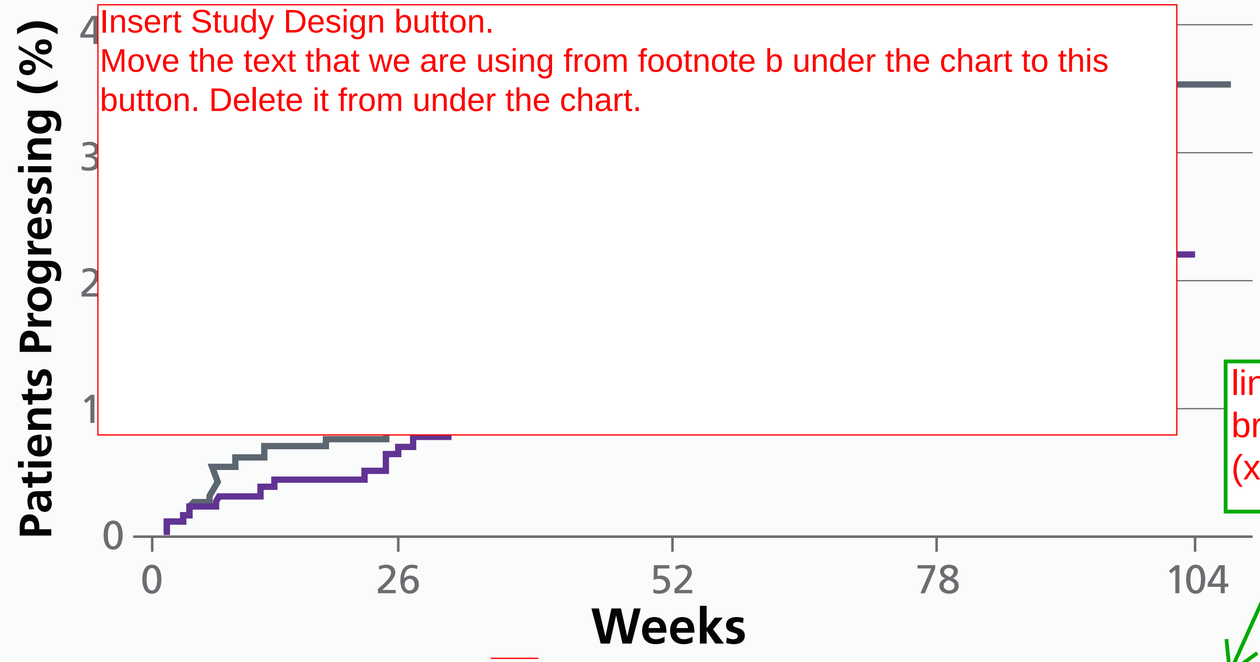
Efficacy

Need the grey shadow bar to pop out from the left and say "Treatment Experience"

Change "Delayed the Progression of Physical Disability" from ALLCAP to Initial Cap (lc "the," "of")

AVONEX DELAYED THE PROGRESSION OF PHYSICAL DISABILITY[1,2,a,b,c]

Delete ",c"



line break (x2)

add hanging indent, too

Delete the footnote for "B" and move the content for C up so that it is now B

[a]Physical disability progression is defined as worsening of ≥1 Expanded Disability Status Scale (EDSS) point sustained for 6 months.[1,2] [b]Results from a randomized, placebo-controlled, double-blind, 2-year, phase III study of patients (n=301) with clinically definite multiple sclerosis for at least 1 year and a baseline EDSS score of 1.0 to 3.5.[1,2] [c]Likelihood ratio test.[1]

insert 7--should read "78%"

8% of AVONEX patients had no disability progression at 104 weeks.[1]

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

REF

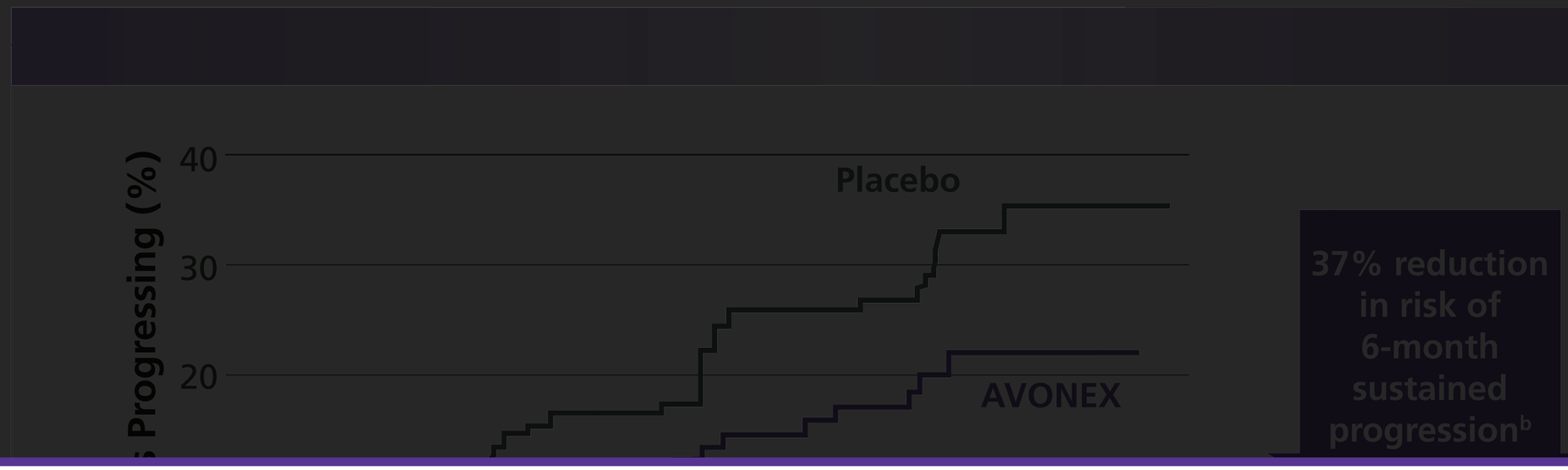
PI

ISI

ONCE-A-WEEK AVONEX® (interferon beta-1a) IM INJECTION

Efficacy

AVONEX DELAYED THE PROGRESSION OF PHYSICAL DISABILITY[1,2,a,b,c]



References:

Make ref header consistent throughout

1. AVONEX Prescr mation. Cambridge, MA: Biogen; 2014.

2. Jacobs LD, Cookfair DL, Rudick RA, et al. Intramuscular interferon beta-1a for disease progression in relapsing multiple sclerosis. *Ann Neurol*. 1996;39(3):285-294.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

REF
PI
ISI

ONCE-A WEEK AVONEX (interferon beta-1a) IM INJECTION

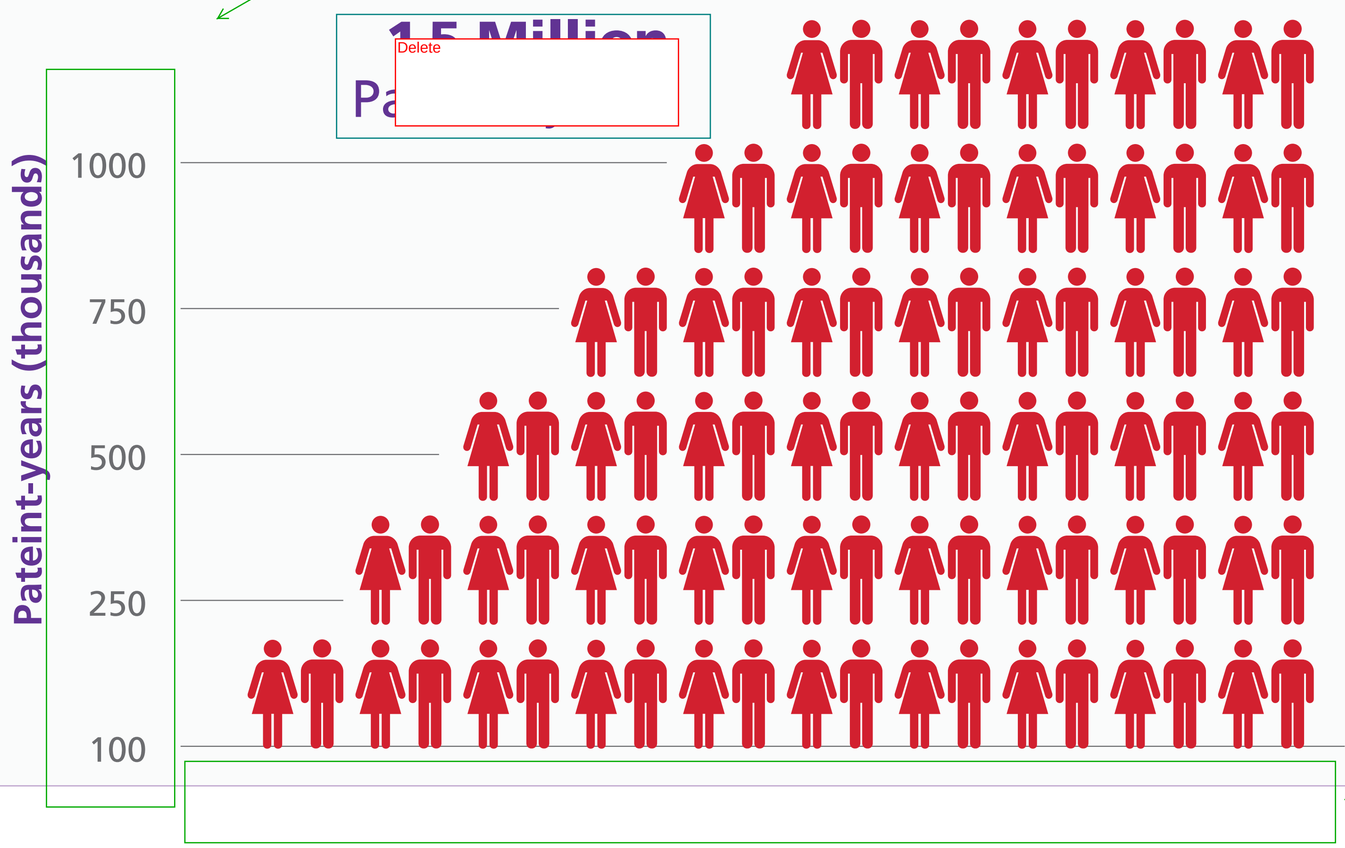
Efficacy

all caps AVONEX

Adjust y axis so that chart actually reaches 1.5 million (as is, looks more like 1.25 million)

Avonex Treatment Experience

1.5 million patient-years of exposure to AVONEX[1]



We cannot use thousands instead of millions. Please change this back to how it appears in the MS
Have the bodies form a straight bar shape. Centered in the middle of the graph. Make the figures in the bar gender neutral

No

ED Q: Should this chart have an x axis, or is the slope along the left side purely decorative?

As of 2011, AVONEX has been prescribed to more than 409,000 patients worldwide.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

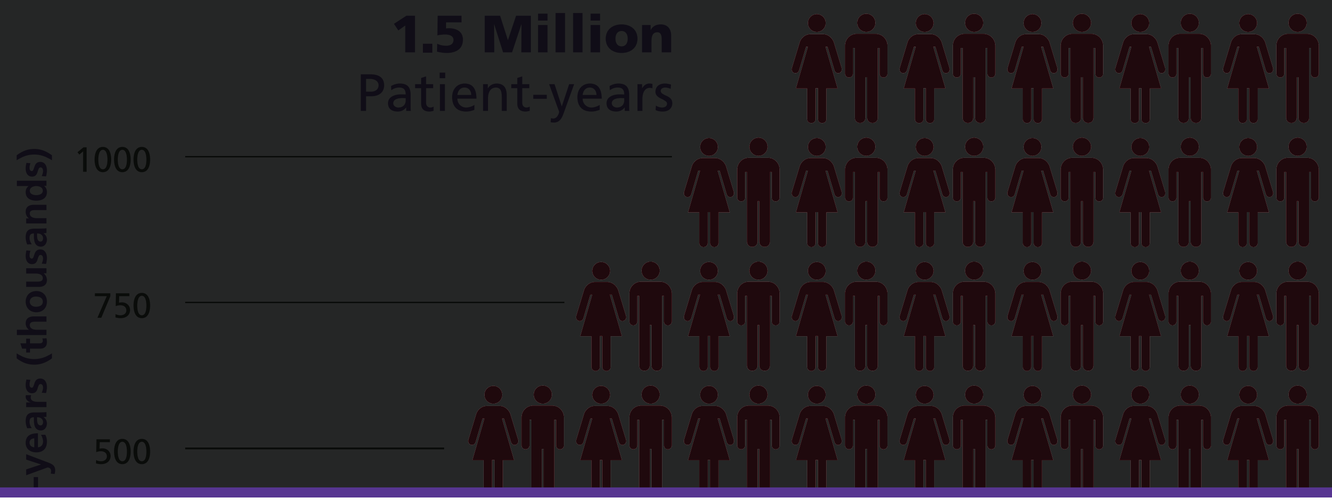
REF
PI
ISI

ONCE-A-WEEK AVONEX® (interferon beta-1a) IM INJECTION

Efficacy

Avonex Treatment Experience

1.5 million patient-years of exposure to AVONEX[1]



Reference:

1. Biogen, Data on file.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

REF
PI
ISI

[Note for copy only: May need to remove overall incidence content if we do not receive Avonex CSR.]

Add Nav bar

slide out menu

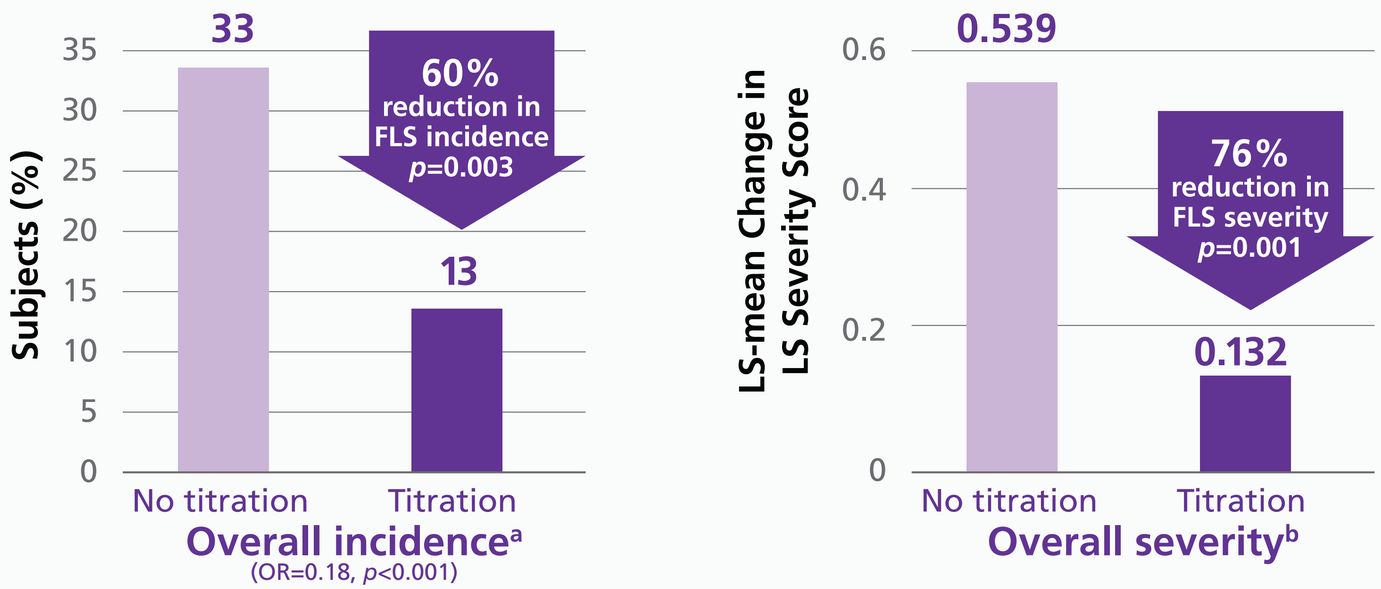
lc "in," "a," "to," and "like"

ONCE-A WEEK AVONEX (interferon beta-1a) IM INJECTION

Safety

Three-Week Titration Schedule Proven In A Clinical Study To Significantly Reduce Flu-Like Symptoms[1]

Reductions in incidence and severity of flu-like symptoms (FLS) at 4 to 6 hours over 8 weeks[1,2]



OR=odds ratio; LS=least squares.

[a]Includes subjects who experienced a ≥2 point increase in total FLS severity score from pre- to postinjection. Total FLS score ranged from 0 to 12 and was the sum of the 4 individual symptom scores.[1]

[b]Severity was assessed as the change in total FLS score from pre- to postinjection. Total FLS score ranged from 0 to 12 and was the sum of the 4 individual symptom scores.[1]

superscript 1

In phase III pivotal studies that did not include titration, 49% of patients treated with AVONEX reported FLS[2]

With the 3- week titration schedule for AVONEX, incidence and severity of FLS may be reduced for your members.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

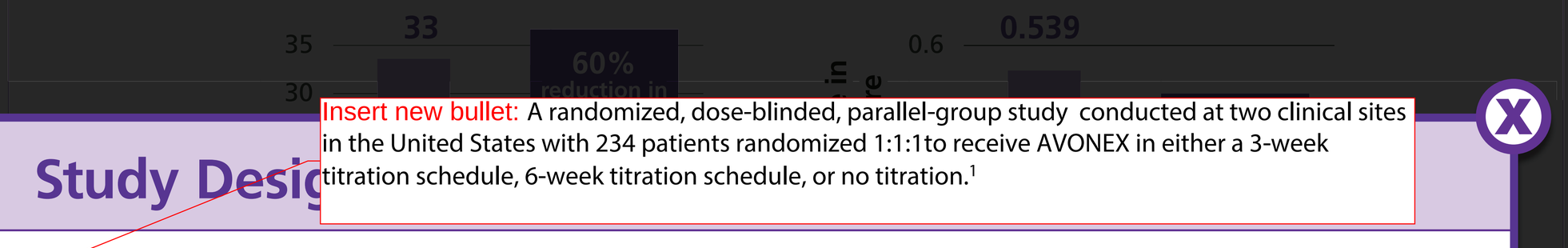
SD
REF
PI
ISI

ONCE-A-WEEK AVONEX® (interferon beta-1a) IM INJECTION

Safety

Three-Week Titration Schedule Proven In A Clinical Study To Significantly Reduce Flu-Like Symptoms[1]

Reductions in incidence and severity of flu-like symptoms (FLS) at 4 to 6 hours over 8 weeks[1,2]



Insert new bullet: A randomized, dose-blinded, parallel-group study conducted at two clinical sites in the United States with 234 patients randomized 1:1:1to receive AVONEX in either a 3-week titration schedule, 6-week titration schedule, or no titration.[1]

Study Desig

- In addition to AVONEX, all subjects in this study received prophylactic acetaminophen 650 mg administered before each AVONEX injection (within 1 hour) and after (at 4 to 6 hours, 8 to 10 hours, and 12 to 15 hours)1
- Muscle aches, chills, and fatigue were rated on a 4-point scale: 0 (absent), 1 (mild; does not interfere with daily activities), 2 (moderate; sufficient to interfere with daily activities), or 3 (severe; bed rest required).1
- Fever was scored as follows: 0 (<99.1°F), 1 (≥99.1°F to <100.1°F), 2 (≥100.1°F to <101.1°F), or 3 (≥101.1°F)1

superscript 1 (x3)

run in

and severity of FLS may be reduced for your members.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

ONCE-A-WEEK AVONEX® (interferon beta-1a) IM INJECTION

Safety

Three-Week Titration Schedule Proven In A Clinical Study To Significantly Reduce Flu-Like Symptoms[1]

Reductions in incidence and severity of flu-like symptoms (FLS) at 4 to 6 hours over 8 weeks[1,2]

References

1. Matson MA, Zimmerman TR, Tuccillo D, et al. Dose titration of intramuscular interferon beta-1a reduces the severity and incidence of flu-like symptoms during treatment initiation. *Curr Med Res Opin*. 2011;27(12):2271-2278.
2. Biogen, Data on file.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

SD
REF
PI
ISI

slide out menu

Add Nav Bar

ONCE-A WEEK AVONEX (interferon beta-1a) IM INJECTION

Dosing

ALL CAPS

lc

Avonex Pen® Features A Single-Use, Prefilled Intramuscular Autoinjector

A once-weekly option for patients with relapsing forms of MS for starting or continuing AVONEX therapy[1]

Remove pen image

superscript 1

Dose titration at treatment initiation has been added to the AVONEX label to reduce the incidence and severity of flu-like symptoms that may occur when initiating AVONEX therapy at a dose of 30 mcg[1] for your members

- To facilitate dose titration at treatment initiation, Biogen developed the AVOSTARTGRIP titration devices
- The titration kit does not contain any medication and requires a separate prescription in addition to the prescription for AVONEX prefilled syringe

Biogen will provide AVOSTARTGRIP titration kits free of charge.

The kits will be distributed by Area Business Managers directly to physician offices. If unavailable through the physician, the patient can acquire a kit through Walgreens Specialty Pharmacy.

ED Q: In manuscript, callout is all boldface. OK to have the last 3 lines lightface, as they are here?

Make bold

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

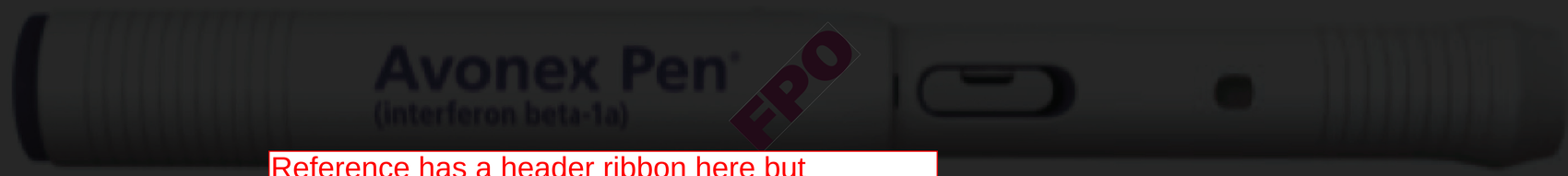
ISI

ONCE-A-WEEK AVONEX® (interferon beta-1a) IM INJECTION

Dosing

Avonex Pen® Features A Single-Use, Prefilled Intramuscular Autoinjector

A once-weekly option for patients with relapsing forms of MS for starting or continuing AVONEX therapy[1]



Reference has a header ribbon here but References on pages 8 and 10 do not have this header. Need to be consistent.

Dose titration at treatme EX label to reduce the incidence and severity of flu-like symptoms tha apy at a dose of 30 mcg1 for your mem

Reference

1. AVONEX Prescribing Information. Cambridge, MA: Biogen; 2014.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

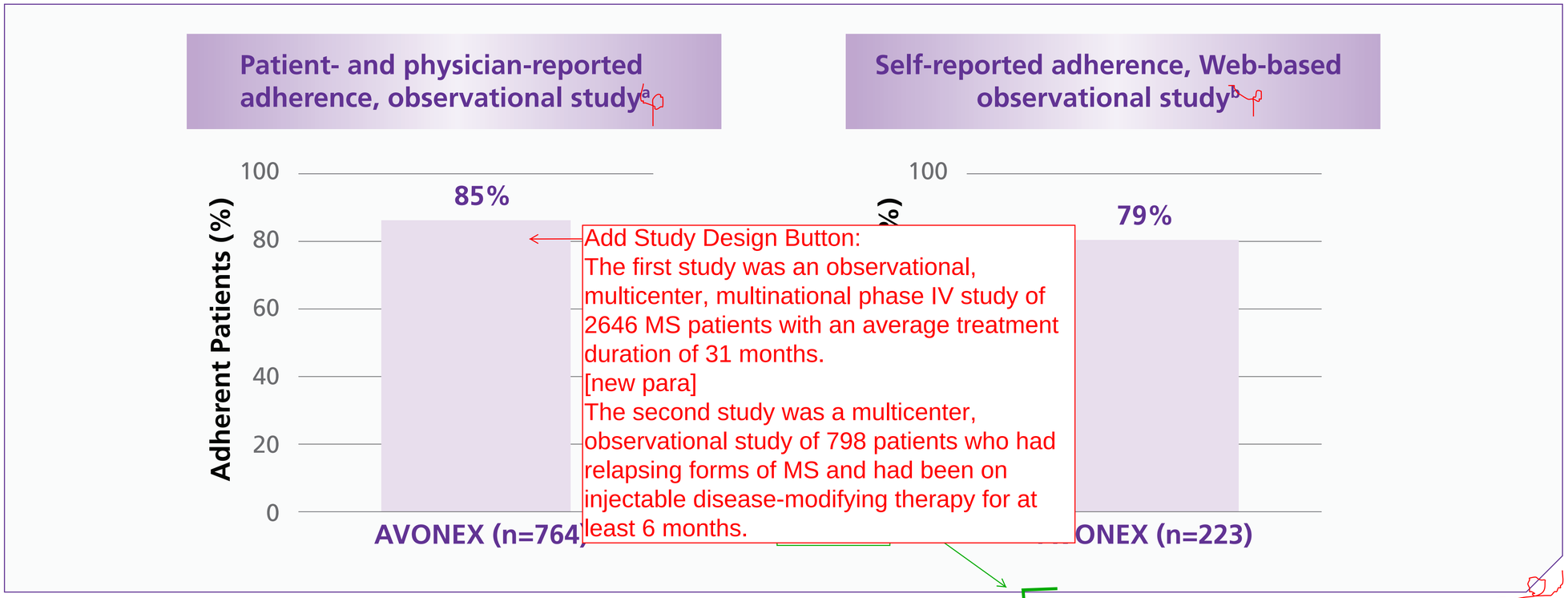
REF
PI
ISI

ONCE-A WEEK AVONEX (interferon beta-1a)
IM INJECTION

Dosing

In Observational Studies, Avonex Was Associated With High Adherence Rates[1,2]

- Adherence was defined as not missing any injections in the 4 weeks before study participation



Add Study Design Button:
The first study was an observational, multicenter, multinational phase IV study of 2646 MS patients with an average treatment duration of 31 months.
[new para]
The second study was a multicenter, observational study of 798 patients who had relapsing forms of MS and had been on injectable disease-modifying therapy for at least 6 months.

[a]Observational, multicenter, multinational phase IV study of 2648 MS patients with an average treatment duration of 31 months. [b]Multicenter, observational study of 798 patients who had relapsing forms of MS and had been on an injectable disease-modifying therapy for at least 6 months.

Safety and efficacy conclusions cannot be inferred from adherence outcomes.

Your members may experience increased adherence to their treatment regimen when using AVONEX.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

REF
PI
ISI

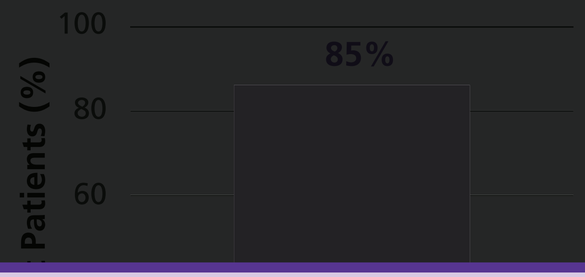
ONCE-A-WEEK AVONEX® (interferon beta-1a) IM INJECTION

Dosing

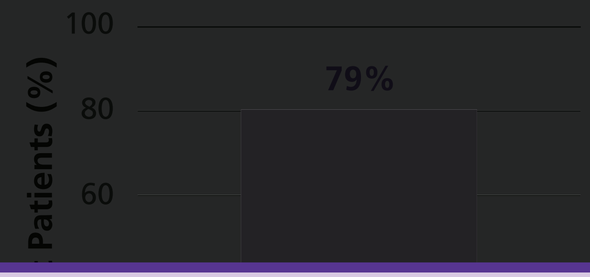
In Observational Studies, Avonex Was Associated With High Adherence Rates[1,2]

- Adherence was defined as not missing any injections in the 4 weeks before study participation

Patient- and physician-reported adherence, observational study[a]



Self-reported adherence, Web-based observational study[b]



References

1. Devonshire V, Lapierre Y, MacDonell R, et al. The Global Adherence Project (GAP): a multicenter observational study on adherence to disease-modifying therapies in patients with relapsing-remitting multiple sclerosis. *Eur J Neuro*. 2011;18(1):69-77.
2. Treadaway KD, Cutter G, Slater A, et al. Factors that influence adherence with disease modifying therapy in *MS*. *J Neurol*. 2009;256(4):568-576.

Remove italics from "MS."

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

REF
PI
ISI

Add Nav Bar

slide out menu

ED Q: I presume this is a more up-to-date version of the form shown in the MS?

ONCE-A WEEK AVONEX (interferon beta-1a) IM INJECTION

This does not need to be a zoom or pop out

Distribution and Support

ALL CAPS

The Avonex Start Form

The AVONEX START Form is a printed Statement of Medical Necessity providing physicians with a simple way to start and maintain AVONEX treatment for their patients.

1. Titration for the first month of therapy
   - The option for physicians to choose a 1-month supply of AVONEX prefilled syringes and AVOSTARTGRIP® titration devices

run in

2. AVONEX as ongoing therapy
   - The option for physicians to choose a 1- or 3-month supply of the AVONEX PEN® (interferon beta-1a), prefilled syringes, or AVONEX lyophilized vials

sup (R) symbol

Delete this line

~~prescription for AVONEX prefilled syringe~~

Active Nurses

Use this form for nurse visits for current patients. If a new prescription is required, please call the patient's current pharmacy directly.

Nurse Visit Form
Phone: 1-800-456-2255
Fax: 1-800-840-1278

PRESCRIBER INFORMATION

Prescriber Last Name | Prescriber First Name | NPI or Tax ID #
Address | Telephone | Fax
City | State | ZIP Code | Office Contact Person

PATIENT INFORMATION

Patient Last Name | Patient First Name | DOB: (MM/DD/YYYY)
Address | Primary Telephone | 2nd Telephone
City | State | ZIP Code | Email Address

AVONEX NURSE VISIT SERVICES

AVONEX injection training, follow-up instructional visits, and any additional visits requested by the patient are hereby authorized.

Patient's Formulation: ❑ AVONEX® PEN™ | ❑ AVONEX Prefilled Syringe | ❑ AVONEX Lyo Vial
Patient's Needle Size: 5/8" 25 Gauge Needle, Alternate size not available | 1-1/4" 23 Gauge Needle (included in package) ❑ 1" 25 Gauge Needle (**pharmacy to provide**) | 1-1/4" 23 Gauge Needle (included in package) ❑ 1" 25 Gauge Needle (**pharmacy to provide**)

Special Instructions:

PATIENT AUTHORIZATION

General Authorization
I authorize Biogen Idec, the manufacturer of AVONEX, and companies working with or on behalf of Biogen Idec, to provide me with information about, or contact me to conduct market research or otherwise ask me about, my experience with or thoughts about products, services, and programs that Biogen Idec offers or sponsors or other topics that are of interest to Biogen Idec. I understand and agree that Biogen Idec, and companies working with Biogen Idec that may be unknown to me, may contact me by mail, email, and/or telephone.

Authorization of Services—Patient Support Program
I further authorize Biogen Idec, and companies working with Biogen Idec, to provide me with therapy support, which may include injection training, financial and reimbursement services, ongoing follow-up, and educational support, and any information or materials related to such services. I understand and agree that such services and information may be provided to me by mail, email, and/or telephone.
By signing this Authorization, I authorize my healthcare provider, my health insurance company, and my pharmacy provider to disclose to Biogen Idec, and companies working with Biogen Idec, health information relating to my medical condition, treatment, and insurance coverage that is needed to provide me with the services outlined above.
Once my health information has been disclosed to Biogen Idec, I understand that federal privacy laws may no longer protect the information. However, Biogen Idec agrees to protect my health information by using and disclosing it only for the purposes authorized in this Authorization or as required by law or regulations. I also authorize Biogen Idec, and companies working with Biogen Idec, to use my health information in connection with the services, including, without limitation, sharing such information with my healthcare provider, insurance provider, or pharmacy.
I understand that I may refuse to sign this Authorization and choose not to receive information or services from Biogen Idec. I further understand that my treatment with a Biogen Idec product, payment for treatment, insurance enrollment, or eligibility for insurance benefits are not conditioned upon my agreement to sign this Authorization.
I may cancel this Authorization at any time by mailing a letter to: Biogen Idec Patient Services, 5000 Davis Drive, P.O. Box 13919, Research Triangle Park, NC 27709-3919. Canceling this Authorization will end further disclosure of my health information to Biogen Idec and my receipt from Biogen Idec of the services, including any educational and support services, after the date Biogen Idec receives my letter, but will not affect Biogen Idec's use of health information disclosed before receipt of my letter. Canceling this Authorization will not affect my ability to receive treatment. This Authorization expires 10 years from the day it is given.

Patient Signature or Guardian* Signature: _____ **Date:** _____
*Guardian signature required if patient is under 18

PRESCRIBER AUTHORIZATION

I authorize Biogen Idec to provide the above-named patient with the AVONEX Nurse Services described above.

Healthcare Practitioner Signature: _____ **Date:** _____
(stamps not acceptable)

biogen idec
Biogen Idec
14 Cambridge Center
Cambridge, MA 02142
(800) 456-2255
www.AVONEX.com

AVONEX® (interferon beta-1a)

The START Form also offers patient access to Above MS®, a patient service resource connecting your members with assistance, support, and community.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

PI

ISI

See query, prev page

Active Nurses™

Use this form for nurse visits for current patients.
If a new prescription is required, please call the patient's current pharmacy directly.

Nurse Visit Form
Phone: 1-800-456-2255
Fax: 1-800-840-1278

PRESCRIBER INFORMATION

Prescriber Last Name | Prescriber First Name | NPI or Tax ID #

Address | Telephone | Fax

City | State | ZIP Code | Office Contact Person

PATIENT INFORMATION

Patient Last Name | Patient First Name | DOB: (MM/DD/YYYY)

Address | Primary Telephone | 2nd Telephone

Delete pop up

City | State | ZIP Code | Email Address

AVONEX NURSE VISIT SERVICES

AVONEX injection training, follow-up instructional visits, and any additional visits requested by the patient are hereby authorized.

Patient's Formulation:

❑ AVONEX® PEN™	❑ AVONEX Prefilled Syringe	❑ AVONEX Lyo Vial
Patient's Needle Size:		
5/8" 25 Gauge Needle Alternate size not available	1-1/4" 23 Gauge Needle (included in package) ❑ 1" 25 Gauge Needle (**pharmacy to provide**)	1-1/4" 23 Gauge Needle (included in package) ❑ 1" 25 Gauge Needle (**pharmacy to provide**)

Special Instructions:

PATIENT AUTHORIZATION

General Authorization

I authorize Biogen Idec, the manufacturer of AVONEX, and companies working with or on behalf of Biogen Idec, to provide me with information about, or contact me to conduct market research or otherwise ask me about, my experience with or thoughts about products, services, and programs that Biogen Idec offers or sponsors or other topics that are of interest to Biogen Idec. I understand and agree that Biogen Idec, and companies working with Biogen Idec that may be unknown to me, may contact me by mail, email, and/or telephone.

Authorization of Services—Patient Support Program

I further authorize Biogen Idec, and companies working with Biogen Idec, to provide me with therapy support, which may include injection training, financial and reimbursement services, ongoing follow-up, and educational support, and any information or materials related to such services. I understand and agree that such services and information may be provided to me by mail, email, and/or telephone.

By signing this Authorization, I authorize my healthcare provider, my health insurance company, and my pharmacy provider to disclose to Biogen Idec, and companies working with Biogen Idec, health information relating to my medical condition, treatment, and insurance coverage that is needed to provide me with the services outlined above.

Once my health information has been disclosed to Biogen Idec, I understand that federal privacy laws may no longer protect the information. However, Biogen Idec agrees to protect my health information by using and disclosing it only for the purposes authorized in this Authorization or as required by law or regulations. I also authorize Biogen Idec, and companies working with Biogen Idec, to use my health information in connection with the services, including, without limitation, sharing such information with my healthcare provider, insurance provider, or pharmacy.

I understand that I may refuse to sign this Authorization and choose not to receive information or services from Biogen Idec. I further understand that my treatment with a Biogen Idec product, payment for treatment, insurance enrollment, or eligibility for insurance benefits are not conditioned upon my agreement to sign this Authorization.

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*Guardian signature required if patient is under 18

PRESCRIBER AUTHORIZATION

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Healthcare Practitioner Signature: _____ **Date:** _____

(stamps not acceptable)

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AVONEX® (interferon beta-1a)

Add Nav Bar

slide out menu

ONCE-A WEEK AVONEX (interferon beta-1a) IM INJECTION

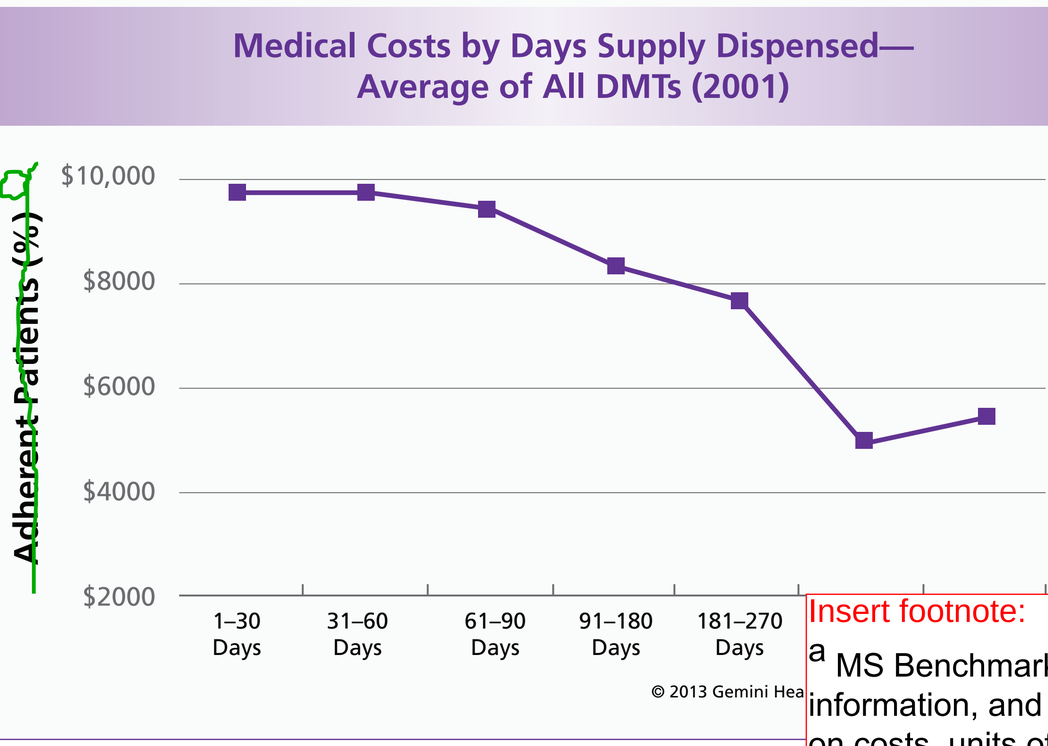
Economics

Insert ref pop-up. It should be the same what appears on page 25

Lower Medical Costs Were Associated With Higher Average Days Supply Of Multiple Sclerosis Therapies[1,A]

lc sup "a"

lc o in "of"



Change y-axis label to "Medical Costs ($)"

ED Q: OK? b/u had no y-axes label

DMT=disease-modifying therapy.

When pharmacy utilization increases (ie, days of supply), medical cost

- The 28,896 unique patients in the 2011 analysis had confirmed multi
  by ICD-9 code 340

Insert footnote:

a MS Benchmarks reviews clinical and health economic information, and presents national and regional benchmark data on costs, units of use, and services utilized for patients with MS. The benchmarks are derived from independent, representative, competitive position-neutral databases that contain more than 70 million managed care lives. For more information about Disease Benchmarks, visit www.diseasebenchmarks.com.[1]

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

REF

PI

ISI

ONCE-A WEEK AVONEX (interferon beta-1a)
IM INJECTION

Economics

Initial caps

Days supply analysis (2011)

Drug/Drug Class	Average Days Supply per Episode	Days Supply Distribution						
		1-30 Days	31-60 Days	61-90 Days	91-180 Days	181-270 Days	271-365 Days	366+ Days
		Percent of Episodes (Horizontal Sum)						
IFN Beta-1a (IM)	280.4	3.9%	3.6%	4.7%	11.7%	14.7%	49.0%	12.3%
IFN Beta-1a (SC)	268.5	5.6%	4.4%	4.1%	13.8%	15.8%	45.4%	10.9%
IFN Beta-1b	268.8	4.4%	4.7%	4.7%	13.6%	17.3%	43.4%	11.9%
Glatiramer Acetate	266.4	4.7%	5.1%	5.6%	14.4%	18.8%	41.8%	9.7%
Fingolimod	192.7	10.6%	10.7%	8.5%	23.2%	18.7%	22.8%	5.6%

FPO

Too much copy on this screen. MS indicates “Scrolling Page.” My understanding, there aren’t scrolling pages in this iVA only scrolling screens, ie, screens scroll/snap to next screen like PPT. Exception is ISIs. Please advise where to break the content on this screen.

- Patients using intramuscular (IM) interferon (IFN) beta-1a had the highest “days supply” coverage (at 280.4 days) compared to other IFN products and glatiramer acetate
- Patients using IM IFN beta-1a also had the highest “days supply distribution” percentage of ≥271 days (at 61.3%) compared to other IFN products, glatiramer acetate, and fingolimod
- These data are based on the number of prescription claims observed for each of these drugs
- An episode equals 1 calendar year in duration and represents annual data

DEFINITIONS

Delete

[a]MS Benchmarks reviews clinical and health economic information, and presents national and regional for patients with MS. The benchmarks are derived from independent, representative, competitive position-neutral database more information about Disease Benchmarks, visit www.diseasebenchmarks.com.[1]

Please edit hyperlink so that it does not add .1 to the URL when user clicks on it.

Stet, this is not a hyperlink

When your members maintain a higher average days of supply of their MS therapies, their overall medical costs may be reduced.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

ONCE-A-WEEK AVONEX®

ED Q: Manuscript has this as a bulleted list, but seeing it here, the bullets seem uneccessary. However, if we don't put the bullets back in, then we will need to add a period at the end of each paragraph. OK to add periods instead of bullets?

Economics

Definitions

Episode of Care (EOC) is all coded, clinically related services utilized by a patient for a discrete diagnostic condition (ICD-9 340, Multiple Sclerosis) from the onset of symptoms until treatment is complete. For a chronic disease like multiple sclerosis, each episode consists of an observational period of 365 days, starting January 1 and ending December 31. Although all patients included in this dataset were required to have 12 months of eligibility, their resource utilization ranged from a few days to 365 days

Days Supply Analysis reflects the information submitted on a prescription drug claim that indicates the expected duration of that prescription. Values presented here were taken from only those claims in which this information was reported (ie, only claims with nonzero values were used in calculations)

Delete pop up

Average Days Supply per Episode is the mean value of the total days supply from all prescription claims present during episodes in which a specific drug is used. This value can be compared with episode duration to determine the proportion of the episode that was "covered" by drug utilization

Days Supply Distribution is a chronological breakdown, according to duration intervals, of the average days supply for each specified drug class

Costs in this analysis represent dollar amounts of charges submitted or billed by a practitioner or institution to the health plan or insurer for payment. They do not represent payments made by the patient for service utilization and do not take into account the actual amount reimbursed

ONCE-A-WEEK AVONEX® (interferon beta-1a) IM INJECTION

Economics

Days supply analysis (2011)

Drug/Drug Class	Average Days Supply per Episode	Days Supply Distribution						
		1-30 Days	31-60 Days	61-90 Days	91-180 Days	181-270 Days	271-365 Days	366+ Days
		Percent of Episodes (Horizontal Sum)						
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IFN Beta-1a (SC)	268.5	5.6%	4.4%	4.1%	13.8%	15.8%	45.4%	10.9%
IFN Beta-1b	268.8	4.4%	4.7%	4.7%	13.6%	17.3%	43.4%	11.9%
Glatiramer Acetate	266.4	4.7%	5.1%	5.6%	14.4%	18.8%	41.8%	9.7%
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FPO

- Patients using intramuscular (IM) interferon (IFN) beta-1a had the highest “days supply” coverage (at 280.4 days) compared to other IFN products and glatiramer acetate

References

1. Disease Benchmarks™. http://www.diseasebenchmarks.com. Accessed March 20, 2015.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

REF
PI
ISI

Add Nav Ba

slide out menu

ONCE-A WEEK AVONEX (interferon beta-1a)
IM INJECTION

Summary

Redundant. OK to delete?

No, keep this one and delete the first one

Summary

When pharmacy utilization increases (ie, days of supply), medical costs decrease across all DMTs

- In patients with relapsing forms of multiple sclerosis (MS), AVONEX has been shown to[1,2]
  - Reduce the frequency of relapse
  - Delay the progression of physical disability
- With the addition of the AVONEX PEN® (interferon beta-1a) and the AVOSTARTGRIP® titration kit, the AVONEX family of products offers your members multiple, once-weekly dosing options

Superscript (R) symbol

- AVONEX was associated with high adherence rates in observational studies3,4
- When pharmacy utilization increases (ie, days supply), medical costs decrease across all disease-modifying therapies[5,a]
- The 28,896 unique patients in the 2011 analysis had confirmed MS as evidenced by ICD-9 code 340[5,a]

superscript 3,4

add hanging indent

[a]MS Benchmarks reviews clinical and health economic information, and presents national and regional benchmark data on costs, units of use, and services utilized for patients with MS. The benchmarks are derived from independent, representative, competitive position-neutral databases that contain more than 70 million managed care lives. For more information about MS Benchmarks, visit www.diseasebenchmarks.com.[5]

Query to DIG: Are all URL supposed to be hyperlinks or not? It's inconsistent.

AVONEX offers efficacy and safety with multiple once-weekly dosing options.[1,2]

Match font size to previous page

Intended only for the distribution to members of formulary committees or similar entities pursuant to Section 114 of the FDA Modernization Act.

Please see full Prescribing Information, accessible from the left-hand navigation menu, for additional important safety information.

REF
PI
ISI

Summary

Summary

When pharmacy utilization increases (ie, days of supply), medical costs decrease across all DMTs

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- AVONEX was associated with high adherence rates in observational studies3,4

Please see fu ccessible from the left-hand navigation menu, for additional important safety information.

References

1. AVONEX Prescribing Information. Cambridge, MA: Biogen; 2014.
2. Jacobs LD, Cookfair DL, Rudick RA, et al. Intramuscular interferon beta-1a for disease progression in relapsing multiple sclerosis. *Ann Neurol*. 1996;39(3):285-294.
3. Devonshire V, Lapierre Y, MacDonell R, et al. The Global Adherence Project (GAP): a multicenter observational study on adherence to disease-modifying therapies in patients with relapsing-remitting multiple sclerosis. *Eur J Neuro*. 2011;18(1):69-77.
4. Treadaway KD, Cutter G, Slater A, et al. Factors that influence adherence with disease modifying therapy in *MS. J Neurol*. 2009;256(4):568-576.
5. Disease Benchmarks™. http://www.diseasebenchmarks.com/. Accessed March 20, 2015.

please add l -- should be "*Eur J Neurol*"

Remove italics from MS.

REF
PI
ISI