

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Interferon beta-1a (Rebif)

**Initiation (new start) criteria:** Non-formulary **interferon beta-1a (Rebif)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist
- Diagnosis of Relapsing form of Multiple Sclerosis (MS) on the Problem list, including:
  - Non-Progressive Relapsing MS
  - Progressive Relapsing MS
  - Relapsing Remitting MS
- Patient has an allergy or is intolerance to
  - Glatiramer acetate (Copaxone or Glatopa) **AND**
  - Interferon-beta1b (Extavia or Betaseron)

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **interferon beta-1a (Rebif)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist
- Diagnosis of Multiple Sclerosis (MS) on the Problem list
- Patient has an allergy or is intolerance to
  - Glatiramer acetate (Copaxone or Glatopa) **AND**
  - Interferon-beta1b (Extavia or Betaseron)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **interferon beta-1a (Rebif)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of Multiple Sclerosis (MS)
- Patient has an allergy or is intolerance to
  - Glatiramer acetate (Copaxone or Glatopa) **AND**
  - Interferon-beta1b (Extavia or Betaseron)

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Interferon beta-1a (Rebif)

**Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:** Non-formulary **interferon beta-1a (Rebif)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist
- Patient has completed the following labs within the last 6 months:
  - Complete blood count with differential (CBC w/ diff)
  - Liver function test (alanine aminotransferase, ALT)
- Patient is NOT using interferon beta-1a (Rebif) with another disease modifying treatment (i.e., glatiramer, interferon beta-1b, natalizumab, fingolimod, teriflunomide, dimethyl fumarate, rituximab)