Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Interferon beta-1a (Rebif)

<u>Initiation (new start) criteria</u>: Non-formulary <u>interferon beta-1a (Rebif)</u> will be covered on the prescription drug benefit for <u>12 months</u> 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
 - o Interferon-beta1b (Extavia or Betaseron)

<u>Criteria for current Kaiser Permanente members already taking the medication who</u> <u>have not been reviewed previously</u>: Non-formulary <u>interferon beta-1a</u> (Rebif) will be covered on the prescription drug benefit for <u>12 months</u> 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)

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

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Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

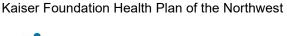
Interferon beta-1a (Rebif)

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)

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