



**STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES**

INTERFERON FOR MS - BETASERON

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
INTERFERON BETA-1B	BETASERON	08537		GPI-10 (6240306050)	BRAND = BETASERON

GUIDELINES FOR USE

- Does the patient have a diagnosis of a relapsing form of multiple sclerosis, to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease **AND** meet the following criterion?
 - The patient is 18 years of age or older

If yes, **approve for 12 months for all NDCs or GPI-14 of Betaseron for #14 vials or kits per 28 days.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **INTERFERON FOR MS - BETASERON** requires the following rule(s) be met for approval:

- You have a relapsing form of multiple sclerosis (MS: a type of nerve disorder), to include clinically isolated syndrome (disease occurs once), relapsing-remitting disease (symptoms go away and return), and active secondary progressive disease (advanced disease)
- You are 18 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Betaseron.

REFERENCES

- Betaseron [Prescribing Information]. Whippany, NJ: Bayer; August 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 11/01/22

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P&T Approval: 01/20