



**STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES**

INTERFERON FOR MS - REBIF

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
INTERFERON BETA-1A/ALBUMIN	REBIF, REBIF REBIDOSE	23353		GPI-10 (6240306045)	FDB: BRAND = REBIF, REBIF REBIDOSE MED-SPAN: BRAND = REBIF REBIDOSE, REBIF REBIDOSE TITRATIONPACK, REBIF

GUIDELINES FOR USE

- Does the patient have a diagnosis of a relapsing form of multiple sclerosis (MS), 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 by GPID or GPI-14 as follows:**

INITIAL REQUESTS:

- FIRST APPROVAL:** Rebif Titration Pack/Rebif Rebidoose Titration Pack: approve for 1 month with a quantity limit of 4.2mL (#12 syringes) per 28 days.
- SECOND APPROAL:** Rebif/Rebif Rebidoose: approve for 11 months (total approval duration of 12 months) with a quantity limit of 6mL (#12 syringes) per 28 days. (Please enter start date of 3 weeks AFTER the START date of the first approval.).

SUBSEQUENT REQUESTS:

- Rebif/Rebif Rebidoose:** approve for 12 months with a quantity limit of 6mL (#12 syringes) 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 - REBIF** 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.

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INTERFERON FOR MS - REBIF

RATIONALE

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

REFERENCES

- Rebif [Prescribing Information]. Rockland, MA: EMD Serono, Inc.; July 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 11/01/22

Created: 10/22

Client Approval: 10/22

P&T Approval: 01/20