**Criteria Based Consultation Prescribing Program**

**CRITERIA FOR DRUG COVERAGE**

interferon beta-1a (Rebiﬁ®)

**Initial approval criteria:** Non-formulary interferon beta-1a (Rebiﬁ®) will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is a neurologist
- AND-
- Diagnosis of Multiple Sclerosis
- AND-
- Patient is intolerant, has contraindication, or inadequate response to: interferon beta-1b (Extavia®) - AND - glatiramer acetate injection (Glatopa®)

**If New Member:**
- Patient to be transitioned to Extavia (interferon beta-1b) if above criteria not met