Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	NA

Interferons for Multiple Sclerosis (MS)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comments	Quantity Limit
Avonex (interferon beta-1a)	Preferred	May be subject to quantity limit
Betaseron (interferon beta-1b)		
Extavia (interferon beta-1b)		
Rebif (interferon beta-1a)		
Plegridy (interferon beta-1a)	Non-Preferred	

APPROVAL CRITERIA

Requests for beta interferons [Avonex, Rebif (interferon beta-1a)] or [Betaseron, Extavia (interferon beta-1b)] may be approved if the following criteria are met:

I. Individual has a diagnosis of relapsing multiple sclerosis (RMS) (including clinically isolated syndrome, relapsing-remitting disease or active secondary progressive disease).

Requests for Plegridy (interferon beta-1a) may be approved if the following criteria are met:

I. Individual has a diagnosis of relapsing multiple sclerosis (RMS) (including clinically isolated syndrome, relapsing-remitting disease or active secondary progressive disease);

AND

II. Individual has been on Plegridy (interferon beta-1a) OR has had a trial and inadequate response or intolerance to one of the following:
   A. Avonex (interferon beta-1a); **OR**
   B. Rebif (interferon beta-1a); **OR**
   C. Betaseron (interferon beta-1b); **OR**
   D. Extavia (interferon beta1-1b); **OR**
   E. Tecfidera (dimethyl fumarate); **OR**
   F. Glatopa (glatiramer); **OR**
   G. glatiramer.

Beta Interferons [Avonex, Plegridy, Rebif (interferon beta-1a)] or [Betaseron, Extavia (interferon beta-

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	NA

1b)] may not be approved for the following:

I. All other indications not included above; **OR**
II. Individual is using to treat primary progressive multiple sclerosis (PPMS); **OR**
III. Individual is using to treat non-active secondary progressive multiple sclerosis; **OR**
IV. Concurrent use with other MS disease modifying agents (including Aubagio, Avonex, Betaseron, Copaxone/Glatiramer/Glatopa, Extavia, Gilenya, Lemtrada, Mavenclad, Mayzent, Ocrevus, Plegridy, Rebif, Tecfidera and Tysabri).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: July 21, 2019.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
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4. Olek MJ, Howard J. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated: June 11, 2019. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: July 20, 2019.
5. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis. Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology*. 2018; 90: 777-788. Available from https://www.aan.com/Guidelines/home/GuidelineDetail/898. Accessed: July 20, 2019.