

Reference number(s)
1839-A

# SPECIALTY GUIDELINE MANAGEMENT

## REBIF (interferon beta-1a)

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indication

Rebif is indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

All other indications are considered experimental/investigational and are not medically necessary.

#### II. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with a neurologist.

#### III. CRITERIA FOR INITIAL APPROVAL

##### A. Relapsing forms of multiple sclerosis

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

##### B. Clinically isolated syndrome

Authorization of 12 months may be granted to members for the treatment of clinically isolated syndrome of multiple sclerosis.

#### IV. CONTINUATION OF THERAPY

For all indications: Authorization of 12 months may be granted for members who are experiencing disease stability or improvement while receiving Rebif.

#### V. OTHER CRITERIA

Members will not use Rebif concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).

#### VI. REFERENCES

Rebif 1839-A SGM P2022

© 2022 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

Reference number(s)
1839-A

1. Rebif [package insert]. Rockland, MA; EMD Serono Inc.; November 2021.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed March 31, 2022.
3. Clinical Pharmacology. [database online.] Tampa, FL: Gold Standard, Inc.; <https://www.clinicalkey.com/pharmacology> [available with subscription]. Accessed March 31, 2022.