

SPECIALTY GUIDELINE MANAGEMENT

REBIF (interferon beta-1a)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered covered benefits 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 to decrease the frequency of clinical exacerbations and delay the accumulation of physical disability.

Compendial Use: First clinical episode of multiple sclerosis with magnetic resonance imaging features consistent with multiple sclerosis

All other indications are considered experimental/investigational and are not covered benefits.

II. 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.

B. First clinical episode of multiple sclerosis

Authorization of 12 months may be granted to members for the treatment of a first clinical episode of multiple sclerosis.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Rebif [package insert]. Rockland, MA; EMD Serono Inc.; November 2015.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed April 19, 2018.
3. Clinical Pharmacology. [database online.] Tampa, FL: Gold Standard, Inc.; <http://www.clinicalpharmacology-ip.com/default.aspx> [available with subscription]. Accessed April 19, 2018.

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