

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Interferons for Multiple Sclerosis (MS)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comments
Avonex (interferon beta-1a)	Preferred
Betaseron (interferon beta-1b)	
Extavia (interferon beta-1b)	
Rebif (interferon beta-1a)	
Plegridy (interferon beta-1a)	
	Non-Preferred

APPROVAL CRITERIA

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

- I. Individual has experienced a first clinical episode and has MRI features consistent with multiple sclerosis; **OR**
- II. Individual has a diagnosis of relapsing multiple sclerosis (RMS); **OR**
- III. Individual has secondary progressive multiple sclerosis (SPMS) with a history of superimposed relapses.

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

- I. Individual has experienced a first clinical episode and has MRI features consistent with multiple sclerosis; **OR**
- II. Individual has a diagnosis of relapsing multiple sclerosis (RMS); **OR**
- III. Individual has secondary progressive multiple sclerosis (SPMS) with a history of superimposed relapses (AFHS);

AND

- IV. 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**

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- C. Betaseron (interferon beta-1b); **OR**
- D. Extavia (interferon beta1-1b); **OR**
- E. Tecfidera (dimethyl fumarate); **OR**
- F. Glatopa (glatiramer).

Beta Interferons [interferon beta-1a (Avonex, Plegridy, Rebif) or interferon beta-1b (Betaseron, Extavia)] may **not** be approved for the following:

- I. Individual is using to treat primary progressive multiple sclerosis (PPMS); **OR**
- II. Individual is using to treat secondary progressive multiple sclerosis (SPMS) without relapsing disease; **OR**
- III. Concurrent use with other MS disease modifying agents (such as Aubagio, Gilenya, Tecfidera, Tysabri, Lemtrada, Ocrevus, Copaxone/Glatopa, Extavia, Rebif, Avonex, Plegridy, or Betaseron).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

- Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 28, 2018.
- DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
- Olek MJ, Gonzalez-Scarano F, Dashe JF. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated June 28, 2018. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: June 29, 2018.
- 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: June 28, 2018.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
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