

# Criteria Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### interferon beta-1a (Rebif®)

**Initial approval criteria:** Non-formulary **interferon beta-1a (Rebif®)** 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