

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. 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.

III. 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.

IV. OTHER CRITERIA

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

V. REFERENCES

1. Rebif [package insert]. Rockland, MA; EMD Serono Inc.; October 2020.
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 12, 2021.

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3. Clinical Pharmacology. [database online.] Tampa, FL: Gold Standard, Inc.; <http://www.clinicalpharmacology-ip.com/default.aspx> [available with subscription]. Accessed April 12, 2021.