

Interferons for Multiple Sclerosis (MS)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Avonex (interferon beta-1a)	May be subject to quantity limit
Betaseron (interferon beta-1b)	
Extavia (interferon beta-1b)	
Plegridy (interferon beta-1a)	
Rebif (interferon beta-1a)	

APPROVAL CRITERIA

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

- I. Individual has a diagnosis of relapsing multiple sclerosis (RMS) (including clinically isolated syndrome, relapsing-remitting disease or active secondary progressive disease).

Beta interferons [Avonex, Plegridy, Rebif (interferon beta-1a)] or [Betaseron, Extavia (interferon beta-1b)] 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 non-active secondary progressive multiple sclerosis (SPMS); **OR**
- III. Use in combination with other MS disease modifying agents (including Aubagio, Avonex, Bafiertam, Betaseron, Briumvi, Copaxone/Glatiramer/Glatopa, Extavia, Gilenya, Kesimpta, Lemtrada, Mavenclad, Mayzent, Ocrevus, Ocrevus Zunovo, Plegridy, Ponvory, Rebif, Tascenso ODT, Tecfidera, Tyruko, Tysabri, Vumerity and Zeposia); **OR**
- IV. May not be approved when the above criteria are not met and for all other indications.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 23, 2025.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
4. Olek MJ, Howard J. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated: April 18, 2025. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: October 23, 2025.
5. 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: October 23, 2025.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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