

**Blue Cross Blue Shield of Vermont and The Vermont Health Plan
Prior Approval Guidelines
Avonex® (Interferon beta-1a) and
Rebif, Extavia, Betaseron® (Interferon beta-1b)**

- Description:** Interferon beta is a protein product that has antiviral, antiproliferative, and immunoregulatory effects. The mechanisms by which it exerts its effects in multiple sclerosis (MS) are not clearly understood.
- Indications:** Treatment of relapsing forms of MS to reduce the frequency of clinical exacerbations.
- Reasons for Prior Approval:** Cost Potential for misuse Toxicity
- Criteria for Approval:**
- 1) Patient is diagnosed with clinically definite MS (relapsing-remitting or relapsing-progressive as defined on prior authorization form) by a neurologist **and**
 - 2) Patient is ambulatory (not confined to bed or wheelchair) **and**
 - 3) Patient does not have an allergy or hypersensitivity to Albumin Human
- Reasons for Denial of Benefit:**
- 1) Patient does not meet Criteria for Approval
 - 2) Patient has chronic progressive MS; safety and efficacy of interferon beta in this form of MS has not been evaluated
- Benefit Approval:** Benefit is approved for 12 months
DISPENSED in only 30 day supplies
- References:**
1. Olin BR, ed. Drug Facts and Comparisons (Updated Monthly). Facts and Comparisons. St. Louis, 2009.
 2. Biogen Inc. Avonex® Prescribing Information. March 1999. Available from: <http://www.avonex.com/>
 3. Berlex Laboratories. Betaseron® Prescribing Information. October 1996. Available from: <http://www.betaseron.com/betaseron/>