Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

EXTAVIA & REBIF

GPI CODING:

DESCRIPTION:

BETASERON/EXTAVIA/AVONEX/REBIF is indicated for the treatment of relapsing forms of multiple sclerosis (MS) to reduce the frequency of clinical exacerbations. Patients with MS in whom efficacy has been demonstrated include patients who have experienced a first clinical episode and have MRI features consistent with MS.

APPROVAL DURATION:

Approval duration: indefinite

CRITERIA FOR EXTAVIA/REBIF

Patient has experienced an inadequate response, intolerance or contraindication to at least two of the following therapies: interferon beta-1a intramuscular injection (Avonex), glatiramer acetate (Copaxone) or interferon beta 1b (Betaseron).