

# HealthAlliance**MEDICARE**

## **PURPOSE OF THE POLICY**

To establish prior authorization criteria for the coverage of Rebif.

## **STATEMENT OF THE POLICY**

Health Alliance Medical Plans will cover Rebif for new starts only when the below criteria is met.

## **PROCEDURES**

### **1. Rebif will be covered for all FDA indications, not otherwise excluded for Part D**

### **2. Inclusion Criteria**

- 2.1 Rebif is not covered as initial therapy. Coverage is available after trial and failure with Avonex or Extavia or documented intolerance to Avonex or Extavia.