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5.60.004

Section:	Prescription Drugs	**Effective Date:**	January 1, 2026
Subsection:	Central Nervous System Drugs	**Original Policy Date:**	December 1, 2014
Subject:	MS Injectable Drugs	**Page:**	1 of 5

Last Review Date: December 12, 2025

MS Injectable Drugs

Description

Avonex, Rebif (interferon beta-1a); Plegridy (peginterferon beta-1a); Betaseron (interferon beta-1b); Copaxone* (glatiramer acetate), Glatopa (glatiramer acetate)

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

Background
Plegridy (peginterferon beta-1a), Avonex / Rebif (interferon beta-1a), Betaseron (interferon beta-1b), and Copaxone / Glatopa (glatiramer) are multiple sclerosis (MS) disease-modifying agents. They potentially alter the course of disease by lessening the frequency of clinical exacerbations. Avonex and Rebif may also delay the accumulation of physical disability (1-6).

Avonex / Rebif and Betaseron are different brands of the same generic entity, interferons beta-1a and b respectively, recombinant forms of human interferon proteins. Plegridy is a PEG (poly-ethylene glycol)-attached form of interferon beta-1a. Copaxone / Glatopa (glatiramer) is a non-interferon polypeptide consisting of four amino acids. Although their precise mechanisms of action are unknown, the agents affect the body through the immune system (1-6).

Regulatory Status
FDA-approved indications:

Avonex is an interferon beta indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults (1).

Betaseron is an interferon beta indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults (2).

Glatopa 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 (6).

Copaxone / **Plegridy** is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults (3, 4).

Rebif is an interferon beta indicated for the treatment of patients with relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults (5).

The MS injectable drugs should be used with precaution in patients with mood or psychiatric disorders and hepatic impairment (1-6).

Live, attenuated vaccines are generally not recommended for a person with MS because their ability to cause disease has been weakened but not totally inactivated (7).

Safety and effectiveness of the MS injectable drugs in patients younger than 18 years of age have not been established (1-6).

Related policies

Acthar Gel, Ampyra, Aubagio, Gilenya, Kesimpta, Lemtrada, Mavenclad, Mayzent, Ocrevus, Ponvory, Tecfidera, Tysabri, Zeposia

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

The MS injectable drugs may be considered **medically necessary** if the conditions indicated below are met.

The MS injectable drugs may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Relapsing Multiple Sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease
    a. **NOT** used in combination with another MS disease modifying agent
    b. **NOT** given concurrently with live vaccines

Prior – Approval *Renewal* Requirements

Same as above

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 2 years

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary
Plegridy (peginterferon beta-1a), Avonex / Rebif (interferon beta-1a), Betaseron (interferon beta-1b), and Copaxone / Glatopa (glatiramer) are multiple sclerosis (MS) disease-modifying agents. They potentially alter the course of disease by lessening the frequency of clinical exacerbations. Avonex and Rebif may also delay the accumulation of physical disability (1-6).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of the MS injectable drugs while maintaining optimal therapeutic outcomes.

References

1. Avonex [package insert]. Cambridge MA: Biogen Inc.; July 2023.
2. Betaseron [package insert]. Whippany NJ: Bayer HealthCare Pharmaceuticals Inc; July 2023.
3. Copaxone [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; November 2023.
4. Plegridy [package insert]. Cambridge, MA: Biogen Inc.; July 2023.
5. Rebif [package insert]. Rockland, MA: EMD Serono; July 2023.
6. Glatopa [package insert]. Princeton, NJ: Sandoz Inc; December 2023.
7. Cahill JF, Izzo A, Garg N. Immunization in patients with multiple sclerosis. Neurological Bulletin. 2010;2(1):17-21.

Policy History

Date	Action
December 2014	Addition to PA
March 2015	Annual editorial review and reference update
July 2015	Addition of Glatopa
September 2015	Annual review
June 2016	Addition of Zinbryta
	Policy number change from 5.06.22 to 5.60.04
September 2016	Annual review
December 2016	Annual editorial review and reference update
	Addition of not given concurrently with live vaccines
March 2017	Annual review
June 2017	Annual review
November 2018	Annual editorial review and reference update Zinbryta removed from market

March 2019	Addition of PA Renewal Requirements and changed PA duration from lifetime to 2 years
June 2019	Annual review and reference update
September 2019	Annual review. Revised relapsing MS indication to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease
December 2019	Annual review. Addition of requirement to trial preferred products
March 2020	Annual editorial review and reference update
September 2020	Annual review
December 2020	Annual review and reference update. Revised requirement that Copaxone brand and Extavia must t/f glatiramer acetate and another preferred MS medication. Added Appendix 1 with a list of preferred medications
June 2021	Annual review and reference update
December 2021	Annual review and reference update. Removed Medex requirement for brand Copaxone and added brand Copaxone to FE + PA only
June 2022	Annual review and reference update
December 2022	Annual review. Changed policy number to 5.60.004
June 2023	Annual review
December 2023	Annual review
June 2024	Annual review and reference update
December 2024	Annual review and reference update
March 2025	Annual review
December 2025	Annual review. Removed Extavia from policy

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 12, 2025 and is effective on January 1, 2026.