BETASERON

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betaseron</td>
<td>interferon beta-1B</td>
<td>Calendar Year</td>
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</tbody>
</table>

Approvable Criteria:

1. Is the member’s diagnosis a relapsing-remitting form of multiple sclerosis?
   - If yes, continue to #2.
   - If no, do not approve.

2. Has the member tried and failed at least one of the following: Avonex, Extavia, Copaxone, and/or Plegridy?
   - If yes, approve for Calendar Year.
   - If no, do not approve.

**QL = 15 VIALS x 30 DAYS**

**SELF-ADMINISTERED – RX ONLY**

**SPECIALTY PHARMACY PRODUCT**

FDA Approved Indication:

For the treatment of relapsing forms of multiple sclerosis to decrease the frequency of clinical exacerbations.

*Avonex, Extavia, Copaxone, and Plegridy are Preferred Drugs*

**NOTE:**

*Extavia 250mcg is the same medicinal product as Betaseron 250mcg, and was approved by the FDA with the same formulation and registration trials as Betaseron 250mcg.*

*Extavia contains the same active ingredient as Betaseron. Both Extavia and Betaseron are manufactured at the same facility.*

*Extavia has a lower WAC price than Betaseron and provides similar patient services.*

**References:**

- Extavia prescribing information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; December 2014.