

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Monomethyl Fumarate (Bafiertam)

Initiation (new start) criteria, criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously, and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **monomethyl fumarate (Bafiertam)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist
- Diagnosis of Relapsing form of Multiple Sclerosis (MS), including:
 - Non-Progressive Relapsing MS
 - Progressive Relapsing MS
 - Relapsing Remitting MS
- Patient has failed an adequate trial of, or patient has an allergy or intolerance to:
 - Glatiramer acetate **AND**
 - Interferon beta-1a (Avonex, Rebif) or interferon beta-1b (Extavia, Betaseron) **AND**
 - Dimethyl fumarate (Tecfidera or generic) **AND**
 - Diroximel fumarate (Vumerity)
- Patient is not a candidate for rituximab per prescribing neurologist

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **monomethyl fumarate (Bafiertam)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist
- Low/no new/active brain MRI lesions (no more than 1 in 1 year; no more than 2 in 2 years, etc.)
- Patient has completed the following laboratory monitoring within the last 6 months:
 - Liver function test (alanine aminotransferase, ALT)
 - Complete blood count with differential (CBC w/ diff)