

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Diroximel Fumarate (Vumerity)

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 **diroximel fumarate (Vumerity)** 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)
- 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 **diroximel fumarate (Vumerity)** 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)