



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

MONOMETHYL FUMARATE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
MONOMETHYL FUMARATE	BAFIERTAM	46576		GPI-10 (6240555000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of a relapsing form of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient had a trial of or contraindication to dimethyl fumarate AND **ONE** of the following agents: Avonex, Betaseron, Copaxone/Glatiramer/Glatopa, Plegridy, Rebif, Aubagio, Vumerity, Kesimpta (**Please note:** other MS agents may also require prior authorization)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **MONOMETHYL FUMARATE (Bafiertam)** requires the following rule(s) be met for approval:

- A. You have a relapsing form of multiple sclerosis (MS: immune system eats away at the protective covering of the nerves), to include clinically isolated syndrome (disease occurs once), relapsing-remitting disease (symptoms go away and return), and active secondary progressive disease (advanced disease)
- B. You are 18 years of age or older
- C. You have previously tried or have a contraindication to (medical reason why you cannot take) dimethyl fumarate AND ONE of the following: Avonex, Betaseron, Copaxone/Glatiramer/Glatopa, Plegridy, Rebif, Aubagio, Vumerity, Kesimpta
(**Please note:** Other multiple sclerosis medications may also require prior authorization)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE



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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Bafiertam.

REFERENCES

- Bafiertam [Prescribing Information]. High Point, NC: Banner Life Sciences LLC; May 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/21

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P&T Approval: 10/20