



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DIMETHYL FUMARATE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DIMETHYL FUMARATE	TECFIDERA, DIMETHYL FUMARATE	40168		GPI-10 (6240552500)	FDB ROUTE ≠ MISCELL

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 the following criterion?

- The patient is 18 years of age or older

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

2. Is the request for generic dimethyl fumarate?

If yes, **approve for 12 months for all strengths of generic dimethyl fumarate by NDC with a quantity limit of #2 per day.**

If no, continue to #3.

3. Is the request for brand Tecfidera **AND** the patient meets the following criterion?

- The patient had a previous trial of generic dimethyl fumarate

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 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 **DIMETHYL FUMARATE (Tecfidera)** requires the following rules be met for approval:

- A. You have a relapsing form of multiple sclerosis (MS: an illness where the immune system eats away at the protective covering of the nerves), which includes 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. If you are requesting brand Tecfidera, you must have previously tried generic dimethyl fumarate

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.

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RATIONALE

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

REFERENCES

- Tecfidera [Prescribing Information]. Cambridge, MA: Biogen Inc.; February 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 10/19/20

Created: 05/13

Client Approval: 10/20

P&T Approval: 01/20