



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DIROXIMEL FUMARATE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DIROXIMEL FUMARATE	VUMERITY	46164		GPI-10 (6240553000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of a relapsing form of multiple sclerosis (MS), including 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, **approve for 12 months by HICL or GPI-10 with a quantity limit of #4 capsules 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 **DIROXIMEL FUMARATE (Vumerity)** requires the following rule(s) be met for approval:

- A. You have a relapsing form of multiple sclerosis (immune system eats away at protective covering of nerves and you have new or increasing symptoms), to include clinically isolated syndrome, relapsing-remitting disease (symptoms return and go away) and active secondary progressive disease (advanced disease)
- B. You are 18 years of age or older

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.

RATIONALE

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

REFERENCES

- Vumerity [Prescribing Information]. Waltham, MA: Alkermes, Inc.; October 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/20

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Client Approval: 02/20

P&T Approval: 01/20