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.

CONTINUED ON NEXT PAGE

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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