

DIMETHYL FUMARATE

Generic	Brand	HICL	GCN	Exception/Other
DIMETHYL FUMARATE	TECFIDERA	40168		

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, **approve for 12 months by HICL for #2 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 **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), 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

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 Review for Tecfidera.

REFERENCES

- Tecfidera [Prescribing Information]. Cambridge, MA: Biogen Inc.; December 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 02/01/20

Created: 05/13
Client Approval: 01/20

P&T Ap