



Tecfidera® (dimethyl fumarate)
Effective 04/17/19

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Tecfidera (dimethyl fumarate) is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

Coverage Guidelines

Authorization may be granted when the following criteria are met:

- The member is new to AllWays Health Partners and has been stabilized on Tecfidera for the approvable indication **OR**
- The patient has a diagnosis of a relapsing form of MS **AND**
- The prescribing physician is a neurologist or MS specialist

Note: Medical necessity rationale for oral dimethyl fumarate due to needle-phobia as well as all other indications beyond the FDA-approved indication will be evaluated on a case-by case basis.

Continuation of Therapy

Reauthorization requires physician documentation of improvement of overall disease activity, including a reduction in clinical exacerbations and/or prevention of worsening of physical disability.

Limitations

1. Approvals will be granted for 12 months
2. The following quantity limits apply:

Tecfidera Starter Kit	#1 fill
Tecfidera 240mg	60 capsules per 30 days
Tecfidera 120mg	14 capsules per 28 days



References

1. Tecfidera® [package insert]. Cambridge (MA): Biogen Idec, Inc.; 2017 Dec.
2. National Multiple Sclerosis Society [homepage on the internet]. National Multiple Sclerosis Society; 2014 [cited 2014 Aug 15]. Available at: <http://www.nationalmssociety.org/>.
3. Fox RJ, Miller DH, Phillips T, Hutchinson M, Havrdova E, Kita M et al. Placebo-controlled phase 3 study of oral BG-12 or glatiramer in multiple sclerosis. *N Engl J Med.* 2012;367:1087-97.
4. Gold R, Kappos L, Arnold DL, Bar-Or A, Giovannoni G, Selmaj K et al. Placebo-controlled phase 3 study of oral BG-12 for relapsing multiple sclerosis. *N Engl J Med.* 2012(a);367:1098-107.
5. Goodin DS, Frohman EM, Garmany GP. Disease modifying therapies in multiple sclerosis: report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology and the MS Council for Clinical Practice Guidelines. *Neurology.* 2002;58(2):169-78.

Review History

04/25/16 – Reviewed

04/24/17 – Reviewed

04/17/19 – Reviewed in P&T Meeting

Disclaimer

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