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:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Allowance</th>
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</thead>
<tbody>
<tr>
<td>Tecfidera Starter Kit</td>
<td>#1 fill</td>
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<tr>
<td>Tecfidera 240mg</td>
<td>60 capsules per 30 days</td>
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<tr>
<td>Tecfidera 120mg</td>
<td>14 capsules per 28 days</td>
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References

Review History
04/25/16 – Reviewed
04/24/17 – Reviewed
04/17/19 – Reviewed in P&T Meeting

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.