

Vumerity (diroximel fumerate)
Effective 09/01/2020

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
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

Diroximel fumarate and its active metabolite, monomethyl fumarate (MMF), have been shown to activate the nuclear factor (erythroid-derived 2)-like 2 (Nrf2) pathway, which is involved in cellular response to oxidative stress. The mechanism by which diroximel fumarate exerts a therapeutic effect in multiple sclerosis is from its anti-inflammatory and cytoprotective properties via activation of the Nrf2 pathway. MMF has also been identified as a nicotinic acid receptor agonist in vitro.

Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Vumerity when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member is ≥ 18 years of age
2. The member has a diagnosis of multiple sclerosis (MS)
3. The member has a relapsing form of MS including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease
4. The provider specialty is neurology or medication is being used in consultation with a neurologist

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member’s condition.

Limitations

1. Initial approvals will be for 6 months.



2. Reauthorizations will be for 24 months

3. The following quantity limits apply:

Vumerity 231mg	120 capsules per 30 days
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References

1. Vumerity (diroximel fumarate) [prescribing information]. Cambridge, MA: Biogen Inc; October 2019.

Review History

07/22/2020 – Reviewed and Created May P&T Mtg. Effective 9/1/2020

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