Overview
Vumerity is FDA approved for treatment of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

Coverage Guidelines
Authorization requests will be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with the requested medication, excluding 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:

Vumerity® (diroximel fumarate)
1. The member has a diagnosis of Clinically Isolated Syndrome (CIS) OR Relapse-remitting Multiple Sclerosis (RRMS) OR Active Secondary-Progressive MS (SPMS)
2. The prescriber is a neurologist or medication is being prescribed in consultation with a neurologist
3. Quantity requested is ≤ 4 capsules/day

Continuation of Therapy
Reauthorization requires physician attestation of continuation of therapy and positive response to therapy.

Limitations
1. Initial authorizations and reauthorizations will be granted for 12 months
References

Review History
11/17/2021 – Created and Reviewed Nov P&T; Vumerity moved from non-formulary. Effective 01/01/2022.

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.