

**Vumerity® (diroximel fumarate)
Effective 01/01/2022**

Plan	<input type="checkbox"/> MassHealth <input type="checkbox"/> MassHealth (PUF) <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	These medications have 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

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

Authorizations 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:

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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

1. Vumerity (diroximel fumarate) [prescribing information]. Cambridge, MA: Biogen Inc; August 2020.
2. Vumerity (diroximel fumarate) [prescribing information]. Cambridge, MA: Biogen Inc; January 2021.

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.