

Reference number(s)

1845-A

# Specialty Guideline Management dimethyl fumarate-Tecfidera

## **Products Referenced by this Document**

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Tecfidera	dimethyl fumarate

## **Indications**

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indication<sup>1,2</sup>

Indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

All other indications are considered experimental/investigational and not medically necessary.

# **Prescriber Specialties**

This medication must be prescribed by or in consultation with a neurologist.

# **Coverage Criteria**

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#### Relapsing Forms of Multiple Sclerosis<sup>1-3</sup>

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

## Clinically Isolated Syndrome<sup>1-3</sup>

Authorization of 12 months may be granted to members for treatment of clinically isolated syndrome.

## **Continuation of Therapy**

For all indications: Authorization of 12 months may be granted for members who are experiencing disease stability or improvement while receiving the requested medication.

#### **Other**

Members will not use the requested medication concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).

#### References

- 1. Tecfidera [package insert]. Cambridge, MA: Biogen Inc.; March 2024.
- 2. Dimethyl fumarate [package insert]. Parsippany, NJ: Ascend Laboratories, LLC.; March 2024.
- 3. Rae-Grant A, Day G, Marrie R, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis. Neurology. 2018;90(17)777-788.