

SPECIALTY GUIDELINE MANAGEMENT

TECFIDERA (dimethyl fumarate)

POLICY

I. INDICATIONS

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

FDA-Approved Indication: Tecfidera is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

All other indications are considered experimental/investigational and are not covered benefits.

II. CRITERIA FOR INITIAL APPROVAL

Multiple Sclerosis

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCE

1. Tecfidera [package insert]. Cambridge, MA: Biogen Inc.; December 2017.

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