PHARMACY POLICY STATEMENT

BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Vumerity is 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. It has been shown to activate the nuclear factor (erythroid-derived 2)-like 2 (Nrf2) pathway, which is involved in the cellular response to oxidative stress. Vumerity is a fumarate like Tecfidera (dimethyl fumarate), with the same active metabolite, monomethyl fumarate (MMF). However, due to its different chemical structure, Vumerity has less reactivity toward off-target receptors in the gastrointestinal (GI) tract, resulting in a lower incidence of GI side effects compared to Tecfidera.

Vumerity (diroximel fumarate) will be considered for coverage when the following criteria are met:

For _____ authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a neurologist; AND
3. Member has a diagnosis of a relapsing form of MS, to include clinically isolated syndrome, relapsing-remitting disease, or active secondary progressive disease; AND
4. The member has tried generic Tecfidera but experiences intolerable gastrointestinal side effects; AND
5. The following baseline assessments have been or will be completed before starting treatment:
   a) Complete blood cell count (CBC) including lymphocyte count
   b) Liver function (ALT, AST, ALP, total bilirubin)
6. Starting dose: 231 mg twice a day, orally, for 7 days. Maintenance dose after 7 days: 462 mg (administered as two 231 mg capsules) twice a day, orally. (QL: 106 capsules for the first 30 days; then 120 capsules per 30 days thereafter)

If all the above requirements are met, the medication will be approved for 12 months.

For _____:

1. Chart notes have been provided showing stability or improvement in signs and symptoms of disease (e.g., fewer relapses, slowed disability progression, reduced number or volume of brain lesions).

If all the above requirements are met, the medication will be approved for an additional 12 months.

	New policy for Vumerity created.
	Transferred to new template. Updated and added references. Added trial of generic Tecfidera. Changed initial approval duration from 6 mo to 12 mo. Added clinical criteria for renewal.