Commercial/Healthcare Exchange PA Criteria

Effective: February 11, 2020

Prior Authorization: Vumerity

Products Affected: Vumerity (diroximel fumarate) delayed-release oral capsules

Medication Description: Vumerity, an immunomodulatory agent, is indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS) to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive MS in adults.

Covered Uses: Treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive MS in adults.

Exclusion Criteria:

1. Patients with known hypersensitivity to Tecfidera (dimethyl fumarate)
2. Concurrent use of Vumerity with Tecfidera (dimethyl fumarate) and other disease-modifying agents used for multiple sclerosis (MS).

Required Medical Information:

1. Diagnosis
2. Concurrent therapy regimen

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, a neurologist or a physician that specializes in MS.

Coverage Duration: 3 years

Other Criteria:

A. Patient has a diagnosis of any of the following relapsing forms of Multiple Sclerosis:
   a. Progressive-relapsing multiple sclerosis (PRMS); OR
   b. Relapsing-remitting multiple sclerosis (RRMS); OR
   c. Active secondary progressive multiple sclerosis (SPMS) with documented relapses.

References:

1. Product Information: VUMERITY(TM) oral delayed-release capsules, diroximel fumarate oral delayed-release capsules. Alkermes Inc (per FDA), Waltham, MA, 2019.
2. Vumerity. Micromedex® Healthcare Series [Internet database], Greenwood Village, Colo: Thomson Micromedex; January 18, 2020.
3. Vumerity. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. Available at: http://online.lexi.com. Accessed January 18, 2020

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Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	02/11/2020

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