Tecfidera
(dimethyl fumarate)

Pre – PA Allowance
None

Prior - Approval Requirements
Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsing Multiple Sclerosis (MS)

AND ALL of the following:

1. Recent CBC (within 6 months) before initiation
   a. Baseline lymphocyte count must be obtained and monitored annually
2. NO active serious infections, or
   a. If present, treatment will be held until resolved
3. Monitor for the signs and symptoms of progressive multifocal leukoencephalopathy (PML) and discontinue if present
4. NOT to be used with other disease modifying medications for MS
5. NOT given concurrently with live vaccines

Prior - Approval Limits
Quantity
120mg capsules – 14 capsules (starter pack) AND
240mg capsules – 180 capsules per 90 days

Duration 12 months

Prior – Approval Renewal Requirements
Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsing Multiple Sclerosis (MS)

AND ALL of the following:
Tecfidera  
(dimethyl fumarate)

1. Lymphocyte count must be monitored annually
2. NO active serious infections, or
   a. If present, treatment will be held until resolved
3. Continue to monitor for signs and symptoms of PML and discontinue if present
4. NOT to be used with other disease modifying medications for MS
5. NOT given concurrently with live vaccines

Prior – Approval Renewal Limits

Quantity 240mg capsules – 180 capsules per 90 days
Duration 12 months