



# 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.

<u>FDA-Approved Indication</u>: 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**

Authorization of 24 months may be granted for members who have been diagnosed 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 Idec Inc.: February 2016.

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