**Relapsing-Remitting Multiple Sclerosis, Secondary Progressive Multiple Sclerosis**

For **initial** authorization:
1. Member must be 18 years of age or older; AND
2. Medication must be prescribed by, or in consultation with, or under the guidance of a neurologist; AND
3. Chart notes have been provided confirming diagnosis of Multiple Sclerosis.
4. **Dosage allowed:** 120 mg orally twice daily for 7 days; then 240 mg orally twice daily.

*If member meets all the requirements listed above, the medication will be approved for 12 months.*

For **reauthorization**:
1. Member must be in compliance with all other initial criteria.

*If member meets all the reauthorization requirements above, the medication will be approved for an additional 12 months.*

CareSource considers Tecfidera (dimethyl fumarate) not medically necessary for the treatment of the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Clinically Isolated Syndrome (CIS) in Multiple Sclerosis

### References


Effective date: 12/20/2017
Revised date: 12/06/2017