

## Tecfidera (dimethyl fumarate) Drug Use Criteria

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Includes:

**Brand®**

**Generic**

**Tecfidera®**

*dimethyl fumarate 120mg and 240mg capsules*

### **GUIDELINE FOR USE:**

#### **Initial Request:**

1. Is medication being prescribed by or in consultation with a neurologist?
  - a. If yes, go to #2.
  - b. If no, deny as criteria not met. Please resubmit prior authorization request with current neurology note or consult.
2. Is medication to be used to treat a relapsing form of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, or active secondary progressive disease and is member 18 years of age or older?
  - a. If yes, go to #3.
  - b. If no, deny as criteria not met. Off-label use of medication is not a covered benefit on OHP.
3. Is member on concurrent treatment with a disease modifying drug (i.e., interferon beta-1b, glatiramer acetate, interferon beta-1a, natalizumab, ofatumumab, ocrelizumab, or mitoxantrone)?
  - a. If yes, deny as criteria not met. Dimethyl fumarate is not to be used with other disease modifying drugs for multiple sclerosis.
  - b. If no, go to #4.
4. Have baseline safety assessments been completed (i.e., does documentation include liver function tests and a baseline CBC with lymphocyte count greater than 500/ $\mu$ L)?
  - a. If yes, approve for up to 6 months. Initial dose: dimethyl fumarate 120mg #14/7 day supply. Maintenance dose: dimethyl fumarate 240mg #60/30 day supply.
  - b. If no, deny as criteria not met. Please resubmit request with current CBC results, including lymphocyte count and/or liver function test.

#### **Renewal Request:**

1. Has the member's condition improved as assessed by the prescribing physician and physician attests to member's improvement?
  - a. If yes, approve for up to 12 months.
  - b. If no, send to MD review.

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**Fumarate Salts (Dimethyl Fumarate, Monomethyl Fumarate, Diroximel Fumarate) Clinical Notes:**

- Fumarate salts may decrease a patient's white blood cell count. In the clinical trials the mean lymphocyte counts decreased by approximately 30% during the first year of treatment with dimethyl fumarate and then remained stable. The incidence of infections (60% vs. 58%) and serious infections (2% vs. 2%) was similar in patients treated with dimethyl fumarate or placebo, respectively. There was no increased incidence of serious infections observed in patients with lymphocyte counts  $<0.8 \times 10^3$  cells/mm<sup>3</sup> (equivalent to  $<0.8$  cells/ $\mu$ L). A transient increase in mean eosinophil counts was seen during the first 2 months of therapy.
- Fumarate salts should be held if the WBC falls below  $2 \times 10^3$  cells/mm<sup>3</sup> or the lymphocyte count is below  $0.5 \times 10^3$  cells/mm<sup>3</sup> (cells/ $\mu$ L) and permanently discontinued if the WBC did not increase to over  $2 \times 10^3$  cells/mm<sup>3</sup> or lymphocyte count increased to over  $0.5 \times 10^3$  cells/mm<sup>3</sup> after 4 weeks of withholding therapy.
- Patients should have a CBC with differential monitored every 6 to 12 months.

**Rationale:**

To promote evidence-based treatment for MS.

**FDA Approved Indications:**

Dimethyl fumarate 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.

**Mechanism of Action:**

Dimethyl fumarate and its active metabolite, monomethyl fumarate (MMF), have been shown to activate the nuclear factor (erythroid-derived 2)-like 2 (Nrf2) pathway, which is involved in cellular response to oxidative stress. The mechanism by which dimethyl fumarate (DMF) exerts a therapeutic effect in MS is unknown, although it is believed to result from its anti-inflammatory and cytoprotective properties via activation of the Nrf2 pathway.

**Dosing:**

Oral: Initial: 120 mg twice daily; after 7 days, increase to the maintenance dose: 240 mg twice daily.

**Contraindications:**

Known hypersensitivity (eg, anaphylaxis, angioedema) to dimethyl fumarate or any component of the formulation.

**References:**

- Tecfidera Prescribing Information. Revised: 12/2023
- Oregon Medicaid FFS Drug Class List: Dimethyl fumarate.  
[https://www.orphdl.org/durm/PA\\_Docs/multiple\\_sclerosis\\_oral\\_agents.pdf](https://www.orphdl.org/durm/PA_Docs/multiple_sclerosis_oral_agents.pdf)