09-J1000-96

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Reviewed: 10/11/23

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Subject: Brand Tecfidera®, Diroximel fumarate (Vumerity™), Monomethyl fumarate (Bafiertam) Capsule

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Multiple sclerosis (MS) is a chronic disease affecting the central nervous system (CNS). It is characterized by triad of inflammation, demyelination, and scarring of the central nervous system and manifests as pathological (immune-mediated CNS demyelination and axonal injury) and clinical (exacerbations, disability progression) dissemination in time and space. Although the clinical course of the disease is capricious, MS has been categorized into four types: clinically isolated syndrome (CIS), relapsing-remitting (RRMS), secondary progressive (SPMS), and primary progressive (PPMS). The most common type is RRMS, which is characterized by acute attacks followed by periods of remission. An initial attack may present as a clinically isolated syndrome (CIS); individuals presenting with this syndrome are high risk for subsequent conversion to clinically definite MS (CDMS) when coupled with MRI lesions consistent with MS. Although a cure for MS remains elusive, several treatment options slow the progression of the disease and reduce the frequency of relapses.

Dimethyl fumarate (Tecfidera), diroximel fumarate (Vumerity), and monomethyl fumarate (Bafiertam) are all FDA approved for the treatment of relapsing forms of MS, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults. Dimethyl fumarate and diroximel fumarate undergo hydrolysis to the active metabolite monomethyl fumarate (MMF), which is involved in activating a pathway that is part of the cellular response to oxidative stress. The anti-oxidant properties of MMF are hypothesized to protect against damage to the brain and spinal cord.

In 2018, the American Academy of Neurology published a practice guideline on the use of disease-modifying therapy for adults with multiple sclerosis which includes an assessment of the effectiveness and safety of dimethyl fumarate in the treatment of MS. Dimethyl fumarate has demonstrated a reduction in measures of disease activity including clinical relapse rate, new and enlarging T2 lesions, and disability progression in patients with relapsing MS. Diroximel fumarate and monomethyl fumarate are expected to have similar outcomes based on bioavailability studies with dimethyl fumarate.

POSITION STATEMENT:

Comparative Effectiveness

The Food and Drug Administration has deemed the drug(s) or biological product(s) in this coverage policy to be appropriate for self-administration or administration by a caregiver (i.e., not a healthcare professional). Therefore, coverage (i.e., administration) in a provider-administered setting such as an outpatient hospital, ambulatory surgical suite, physician office, or emergency facility is not considered medically necessary.

NOTE: Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, and Zeposia are the preferred brand products for treatment of relapsing forms of multiple sclerosis. The preferred generic products include dimethyl fumarate (generic), fingolimod (generic), glatiramer acetate (generic by Mylan), and teriflunomide (generic). Dimethyl fumarate (generic), fingolimod (generic), glatiramer acetate (generic by Mylan, Glatopa), and teriflunomide (generic) do not require prior authorization.

Initiation of brand Tecfidera **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Member is diagnosed with **ONE** of the following forms of multiple sclerosis (MS):
    a. Relapsing remitting multiple sclerosis [RRMS]
    b. Active secondary progressive MS [SPMS]
    c. First clinical episode and member has MRI features consistent with MS
2. **BOTH** of the following ("a" and "b"):
    a. The member has tried and had intolerable adverse effects to generic dimethyl fumarate and **ALL** of the following must be submitted:
        i. The specific intolerance(s) to generic dimethyl fumarate and rationale for using brand Tecfidera must be specified
        ii. Completed Medwatch reporting form (FDA 3500) - https://www.fda.gov/safety/medical-product-safety-information/forms-reporting-fda
        iii. Completed Naranjo Adverse Drug reaction probability scale - https://assets.guidewell.com/m/2736e82ff52fe22d/original/mcg-naranjo-algorithm.pdf
    b. **ONE** of the following ("I", "ii", or "iii") – documentation must be submitted:
        i. The patient has highly active MS disease activity and **BOTH** of the following:

1. The patient has ≥ 2 relapses in the previous year
2. **ONE** of the following:
    a. The patient has ≥ 1 gadolinium enhancing lesion on MRI
    b. The patient has significant increase in T2 lesion load compared with a previous MRI

ii. The patient has been treated with at least 3 MS agents from different drug classes

iii. **ONE** of the following ("1", "2',or "3"):

1. The patient has tried and had an inadequate response to **ONE** preferred brand agent (Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia)
2. The patient has an intolerance (defined as an intolerance to the drug or its excipients, not to the route of administration) or hypersensitivity to **ONE** preferred brand agent (Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia)
3. The patient has a FDA labeled contraindication to **ALL** preferred brand agents (Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia)

3. Brand Tecfidera is not used in combination with **ANY** of the following:
    a. Alemtuzumab (Lemtrada)
    b. Cladribine (Mavenclad)
    c. Diroximel fumarate (Vumerity)
    d. Fingolimod (Gilenya, Tascenso ODT)
    e. Glatiramer acetate (Copaxone, Glatopa)
    f. Interferon beta-1a (Avonex, Rebif)
    g. Interferon beta-1b (Betaseron, Extavia)
    h. Mitoxantrone (Novantrone)
    i. Monomethyl fumarate (Bafiertam)
    j. Natalizumab (Tysabri)
    k. Ocrelizumab (Ocrevus)
    l. Ofatumumab (Kesimpta)
    m. Ozanimod (Zeposia)
    n. Peg-interferon beta-1a (Plegridy)
    o. Ponesimod (Ponvory)
    p. Rituximab (Rituxan or biosimilars)
    q. Siponimod (Mayzent)

r. Teriflunomide (Aubagio)

s. Ublituximab (Briumvi)

4. The dose does not exceed 240 mg twice a day (max 480 mg daily)

Approval duration: 1 year

Continuation of brand Tecfidera **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Member has demonstrated a beneficial response to therapy for treatment of RRMS, active SPMS, or clinically isolated syndrome
2. Authorization/reauthorization for Tecfidera has been previously approved by Florida Blue or another health plan in the past 2 years, **OR** the member currently meets all indication-specific initiation criteria
3. The member has tried and had intolerable adverse effects to generic dimethyl fumarate and **ALL** of the following must be submitted:
    a. The specific intolerance(s) and rationale for using brand Tecfidera must be specified
    b. Completed Medwatch reporting form (FDA 3500) – https://www.fda.gov/safety/medical-product-safety-information/forms-reporting-fda
    c. Completed Naranjo Adverse Drug reaction probability scale - https://assets.guidewell.com/m/2736e82ff52fe22d/original/mcg-naranjo-algorithm.pdf
4. Tecfidera is not used in combination with **ANY** of the following:
    a. Alemtuzumab (Lemtrada)
    b. Cladribine (Mavenclad)
    c. Diroximel fumarate (Vumerity)
    d. Fingolimod (Gilenya, Tascenso ODT)
    e. Glatiramer acetate (Copaxone, Glatopa)
    f. Interferon beta-1a (Avonex, Rebif)
    g. Interferon beta-1b (Betaseron, Extavia)
    h. Mitoxantrone (Novantrone)
    i. Monomethyl fumarate (Bafiertam)
    j. Natalizumab (Tysabri)
    k. Ocrelizumab (Ocrevus)
    l. Ofatumumab (Kesimpta)
    m. Ozanimod (Zeposia)
    n. Peg-interferon beta-1a (Plegridy)
    o. Ponesimod (Ponvory)

p. Rituximab (Rituxan or biosimilars)

q. Siponimod (Mayzent)

r. Teriflunomide (Aubagio)

s. Ublituximab (Briumvi)

5. The dose does not exceed 240 mg twice a day (max 480 mg daily)

Approval duration: 1 year

Initiation of diroximel fumarate (Vumerity) **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Member is diagnosed with **ONE** of the following forms of multiple sclerosis (MS):
    a. Relapsing remitting multiple sclerosis [RRMS]
    b. Active secondary progressive MS [SPMS]
    c. First clinical episode and member has MRI features consistent with MS
2. **BOTH** of the following ("a" and "b"):
    a. The member has tried and had intolerable adverse effects to generic dimethyl fumarate and **ALL** of the following must be submitted:
        i. The specific intolerance(s) to generic dimethyl fumarate and rationale for using Vumerity must be specified
        ii. Completed Medwatch reporting form (FDA 3500) - https://www.fda.gov/safety/medical-product-safety-information/forms-reporting-fda
        iii. Completed Naranjo Adverse Drug reaction probability scale - https://assets.guidewell.com/m/2736e82ff52fe22d/original/mcg-naranjo-algorithm.pdf

    b.**ONE** of the following ("I", "ii", or "iii") – documentation must be submitted:
        i. The patient has highly active MS disease activity and **BOTH** of the following:
            1. The patient has ≥ 2 relapses in the previous year
            2. **ONE** of the following:
                a. The patient has ≥ 1 gadolinium enhancing lesion on MRI
                b. The patient has significant increase in T2 lesion load compared with a previous MRI
        ii. The patient has been treated with at least 3 MS agents from different drug classes
        iii. **ONE** of the following ("1" ,"2" ,or '3'):
            1. The patient has tried and had an inadequate response to **ONE** preferred brand agent (Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia)

2. The patient has an intolerance (defined as an intolerance to the drug or its excipients, not to the route of administration) or hypersensitivity to **ONE** preferred brand agent (Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia)
3. The patient has a FDA labeled contraindication to ALL preferred brand agents (Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia)

3. Diroximel fumarate is not used in combination with **ANY** of the following:
    a. Alemtuzumab (Lemtrada)
    b. Cladribine (Mavenclad)
    c. Dimethyl fumarate (Tecfidera)
    d. Fingolimod (Gilenya, Tascenso ODT)
    e. Glatiramer acetate (Copaxone, Glatopa)
    f. Interferon beta-1a (Avonex, Rebif)
    g. Interferon beta-1b (Betaseron, Extavia)
    h. Mitoxantrone (Novantrone)
    i. Monomethyl fumarate (Bafiertam)
    j. Natalizumab (Tysabri)
    k. Ocrelizumab (Ocrevus)
    l. Ofatumumab (Kesimpta)
    m. Ozanimod (Zeposia)
    n. Peg-interferon beta-1a (Plegridy)
    o. Ponesimod (Ponvory)
    p. Rituximab (Rituxan or biosimilars)
    q. Siponimod (Mayzent)
    r. Teriflunomide (Aubagio)
    s. Ublituximab (Briumvi)
4. The dose does not exceed 462 mg twice a day (max 924 mg daily)

Approval duration: 1 year

Continuation of diroximel fumarate (Vumerity) **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Member has demonstrated a beneficial response to therapy for treatment of RRMS, active SPMS, or clinically isolated syndrome

2. Authorization/reauthorization for diroximel fumarate has been previously approved by Florida Blue or another health plan in the past 2 years, **OR** the member currently meets all indication-specific initiation criteria
3. Diroximel fumarate is not used in combination with **ANY** of the following:
    a. Alemtuzumab (Lemtrada)
    b. Cladribine (Mavenclad)
    c. Dimethyl fumarate (Tecfidera)
    d. Fingolimod (Gilenya, Tascenso ODT)
    e. Glatiramer acetate (Copaxone, Glatopa)
    f. Interferon beta-1a (Avonex, Rebif)
    g. Interferon beta-1b (Betaseron, Extavia)
    h. Mitoxantrone (Novantrone)
    i. Monomethyl fumarate (Bafiertam)
    j. Natalizumab (Tysabri)
    k. Ocrelizumab (Ocrevus)
    l. Ofatumumab (Kesimpta)
    m. Ozanimod (Zeposia)
    n. Peg-interferon beta-1a (Plegridy)
    o. Ponesimod (Ponvory)
    p. Rituximab (Rituxan or biosimilars)
    q. Siponimod (Mayzent)
    r. Teriflunomide (Aubagio)
    s. Ublituximab (Briumvi)
4. The dose does not exceed 462 mg twice a day (max 924 mg daily)

Approval duration: 1 year

Initiation of monomethyl fumarate (Bafiertam) **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Member is diagnosed with **ONE** of the following forms of multiple sclerosis (MS):
    a. Relapsing remitting multiple sclerosis [RRMS]
    b. Active secondary progressive MS [SPMS]
    c. First clinical episode and member has MRI features consistent with MS
2. **BOTH** of the following (“a” and “b”):

a. The member has tried and had intolerable adverse effects to generic dimethyl fumarate and **ALL** of the following must be submitted:
    i. The specific intolerance(s) to generic dimethyl fumarate and rationale for using Bafiertam must be specified
    ii. Completed Medwatch reporting form (FDA 3500) - https://www.fda.gov/safety/medical-product-safety-information/forms-reporting-fda
    iii. Completed Naranjo Adverse Drug reaction probability scale - https://assets.guidewell.com/m/2736e82ff52fe22d/original/mcg-naranjo-algorithm.pdf
b. **ONE** of the following ("I", "ii", or "iii") – documentation must be submitted:
    i. The patient has highly active MS disease activity and **BOTH** of the following:
        1. The patient has ≥ 2 relapses in the previous year
        2. **ONE** of the following:
            a. The patient has ≥ 1 gadolinium enhancing lesion on MRI
            b. The patient has significant increase in T2 lesion load compared with a previous MRI
    ii. The patient has been treated with at least 3 MS agents from different drug classes
    iii. **ONE** of the following ("1", "2", or "3"):
        1. The patient has tried and had an inadequate response to **ONE** preferred brand agent (Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia)
        2. The patient has an intolerance (defined as an intolerance to the drug or its excipients, not to the route of administration) or hypersensitivity to **ONE** preferred brand agent (Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia)
        3. The patient has a FDA labeled contraindication to **ALL** preferred brand agents (Avonex, Betaseron, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia)

3. Monomethyl fumarate is not used in combination with **ANY** of the following:
    a. Alemtuzumab (Lemtrada)
    b. Cladribine (Mavenclad)
    c. Dimethyl fumarate (Tecfidera)
    d. Diroximel fumarate (Vumerity)
    e. Fingolimod (Gilenya, Tascenso ODT)
    f. Glatiramer acetate (Copaxone, Glatopa)
    g. Interferon beta-1a (Avonex, Rebif)

h. Interferon beta-1b (Betaseron, Extavia)
i. Mitoxantrone (Novantrone)
j. Natalizumab (Tysabri)
k. Ocrelizumab (Ocrevus)
l. Ofatumumab (Kesimpta)
m. Ozanimod (Zeposia)
n. Peg-interferon beta-1a (Plegridy)
o. Ponesimod (Ponvory)
p. Rituximab (Rituxan or biosimilars)
q. Siponimod (Mayzent)
r. Teriflunomide (Aubagio)
s. Ublituximab (Briumvi)

4. The dose does not exceed 190 mg twice a day (max 380 mg daily)

Approval duration: 1 year

Continuation of monomethyl fumarate (Bafiertam) **meets the definition of medical necessity** when **ALL** of the following criteria are met:

1. Member has demonstrated a beneficial response to therapy for treatment of RRMS, active SPMS, or clinically isolated syndrome
2. Authorization/reauthorization for monomethyl fumarate has been previously approved by Florida Blue or another health plan in the past 2 years, **OR** the member currently meets all indication-specific initiation criteria
3. Monomethyl fumarate is not used in combination with **ANY** of the following:
    a. Alemtuzumab (Lemtrada)
    b. Cladribine (Mavenclad)
    c. Dimethyl fumarate (Tecfidera)
    d. Diroximel fumarate (Vumerity)
    e. Fingolimod (Gilenya, Tascenso ODT)
    f. Glatiramer acetate (Copaxone, Glatopa)
    g. Interferon beta-1a (Avonex, Rebif)
    h. Interferon beta-1b (Betaseron, Extavia)
    i. Mitoxantrone (Novantrone)
    j. Natalizumab (Tysabri)
    k. Ocrelizumab (Ocrevus)

l. Ofatumumab (Kesimpta)
m. Ozanimod (Zeposia)
n. Peg-interferon beta-1a (Plegridy)
o. Ponesimod (Ponvory)
p. Rituximab (Rituxan or biosimilars)
q. Siponimod (Mayzent)
r. Teriflunomide (Aubagio)
s. Ublituximab (Briumvi)

4. The dose does not exceed 190 mg twice a day (max 380 mg daily)

Approval duration: 1 year

DOSAGE/ADMINISTRATION:

THIS INFORMATION IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE USED AS A SOURCE FOR MAKING PRESCRIBING OR OTHER MEDICAL DETERMINATIONS. PROVIDERS SHOULD REFER TO THE MANUFACTURER'S FULL PRESCRIBING INFORMATION FOR DOSAGE GUIDELINES AND OTHER INFORMATION RELATED TO THIS MEDICATION BEFORE MAKING ANY CLINICAL DECISIONS REGARDING ITS USAGE.

FDA-approved:

Tecfidera

Dimethyl fumarate (Tecfidera) is indicated for the treatment of persons with relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults. The recommended initial dose is 120 mg twice daily for 7 days, followed by 240 mg twice daily thereafter. Temporary dose reduction to 120 mg twice a day may be considered for individuals who do not tolerate the maintenance dose. Within 4 weeks, the recommended dosage of 240 mg twice a day should be resumed. Discontinuation should be considered for patients unable to tolerate return to the maintenance dosage. Administration with food or with a non-enteric coated aspirin (up to a dose of 325 mg) 30 minutes prior to dosing may reduce the incidence or severity of flushing. Dimethyl fumarate can be administered without regard to meals and the capsules should be swallowed whole and intact. Members should be instructed not to crush, chew, or sprinkle the capsule contents on food. Inform patients they will be provided with two strengths when starting treatment.

Dose Adjustments: No studies have been conducted in patients with renal or hepatic impairment; however neither is expected to affect plasma exposure and no dose adjustment is necessary.

Vumerity

Diroximel fumarate (Vumerity) is indicated for the treatment of persons with relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults. The recommended initial dose is 231 mg twice daily for 7 days, followed by 462 mg twice daily thereafter. Temporary dose reduction to 231 mg twice a day may be considered for individuals who do not tolerate the maintenance dose. Within 4 weeks, the recommended dosage of

462 mg twice a day should be resumed. Discontinuation should be considered for patients unable to tolerate return to the maintenance dosage. Administration of non-enteric coated aspirin (up to a dose of 325 mg) 30 minutes prior to dosing may reduce the incidence or severity of flushing. Diroximel fumarate should not be administered with a high-fat, high-calorie meal. If taken with food, the meal should contain no more than 700 calories and no more than 30 g of fat. Avoid co-administration with alcohol. The capsules should be swallowed whole and intact. Members should be instructed not to crush, chew, or sprinkle the capsule contents on food.

Dose Adjustments: No dose adjustment is necessary for patients with mild renal impairment. Diroximel fumarate is not recommended in patients with moderate or severe renal impairment due to increased exposure of a major metabolite [2-hydroxyethyl succinimide (HES)]. No studies have been conducted in patients with hepatic impairment; however hepatic impairment is not expected to affect exposure.

Bafiertam

Monomethyl fumarate (Bafiertam) 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. The initial dose is 95 mg twice a day orally for 7 days, followed by 190 mg (administered as two 95 mg capsules) twice a day orally thereafter. Temporary dosage reductions to 95 mg twice a day may be considered for individuals who do not tolerate the maintenance dosage. Within 4 weeks, the recommended dosage of 190 mg twice a day should be resumed. Discontinuation should be considered for patients unable to tolerate return to the maintenance dosage. Administration of non-enteric coated aspirin (up to a dose of 325 mg) 30 minutes prior to dosing may reduce the incidence or severity of flushing. Monomethyl fumarate can be taken with or without food. The capsules should be swallowed whole and intact. Members should not crush, chew, or mix the contents with food.

Dose Adjustments: Monomethyl fumarate has not been studied in subjects with hepatic or renal impairment; however neither is expected to affect plasma exposure and no dose adjustment is necessary.

Drug Availability:

Brand Tecfidera is supplied as 120- and 240 mg delayed-release capsules.

Diroximel fumarate (Vumerity) is supplied as 231 mg delayed-release capsules.

Monomethyl fumarate (Bafiertam) is supplied as 95 mg delayed-release capsules.

PRECAUTIONS:

Contraindications

- Known hypersensitivity to dimethyl fumarate, diroximel fumarate, monomethyl fumarate or any of the excipients.
- Co-administration with dimethyl fumarate, diroximel fumarate, or monomethyl fumarate,

Precautions/Warnings

Anaphylaxis and angioedema: discontinue and do not restart therapy if this occurs.

Herpes zoster and other serious opportunistic infections: withhold for serious infection until resolution.

Progressive multifocal leukoencephalopathy (PML): withhold at the first sign or symptom suggestive of PML.

Liver injury: Obtain serum aminotransferase, alkaline phosphatase, and total bilirubin levels before initiating and during treatment, as clinically indicated. Discontinue if clinically significant liver injury is suspected.

Lymphopenia: may decrease lymphocyte counts; prior to therapy initiation, a recent complete blood count should be available. Monitor CBC after 6 months and every 6 to 12 months thereafter. Interrupt treatment if lymphocyte counts less than 0.5 x 10^9/L persist for more than 6 months.

Flushing: in clinical trials, 40% of dimethyl fumarate treated subjects experienced flushing. Symptoms typically began soon after therapy initiation and usually improved over time. Administration with non-enteric coated aspirin (up to 325 mg) 30 minutes prior may reduce the incidence of flushing. Dimethyl fumarate may also be administered with food to improve flushing symptoms.

Pregnancy and Lactation: No adequate and well-controlled studies in pregnant women have been conducted, see prescribing information.

BILLING/CODING INFORMATION:

The following codes may be used to describe:

HCPCS Coding:

J8499	Prescription drug, oral, non-chemotherapeutic, NOS

ICD-10 Diagnosis Codes That Support Medical Necessity:

G35	Multiple sclerosis

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage Products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline revised date.

Medicare Advantage: BCBSF has delegated to Prime Therapeutics authority to make coverage determinations for the Medicare Part D services referenced in this guideline.

DEFINITIONS:

Clinically isolated syndrome (CIS): the first clinical presentation of disease that shows characteristics of inflammatory demyelination that could be MS but has yet to fulfill criteria of dissemination in time.

Primary-progressive multiple sclerosis (PPMS): Steadily progressive course from onset; occurs in 10-15% of individuals with MS.

Relapsing-remitting multiple sclerosis (RRMS): Characterized by acute attacks followed by periods of remission; primary form of MS that occurs in approximately 85% of individuals.

Secondary-progressive multiple sclerosis (SPMS): An initial period of RRMS, followed by a steadily progressive course, with or without acute relapses; 75-85% of individuals diagnosed with RRMS will transition to SPMS.

RELATED GUIDELINES:

Alemtuzumab (Lemtrada), 09-J2000-27
Cladribine (Mavenclad), 09-J3000-34
Fingolimod (Gilenya), 09-J1000-30
Multiple Sclerosis Self Injectable Therapy, 09-J1000-39
Natalizumab (Tysabri) IV, 09-J0000-73
Ocrelizumab (Ocrevus), 09-J2000-78
Ofatumumab (Kesimpta), 09-J3000-84
Ozanimod (Zeposia), 09-J3000-70
Siponimod (Mayzent), 09-J3000-35
Teriflunomide (Aubagio) Tablets, 09-J1000-82

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 10/11/23.

GUIDELINE UPDATE INFORMATION:

06/15/13	New Medical Coverage Guideline.
10/15/13	Revision to guideline; consisting of Change next review date so it will be reviewed the same time other drugs in its class are reviewed.

01/01/14	Revision to guideline; consisting of updating position statement.
10/15/14	Review and revision to guideline; consisting of reformatting position statement and updating references.
10/15/15	Review and revision to guideline; consisting of updating position statement and references.
11/01/15	Revision: ICD-9 Codes deleted.
01/01/17	Review and revision to guideline; consisting of updating position statement, precautions and references.
10/15/17	Review and revision to guideline; consisting of updating position statement and references.
12/15/18	Review and revision to guideline; consisting of updating position statement and references.
11/15/19	Review and revision to guideline; consisting of updating position statement, description and references.
07/01/20	Review and revision to guideline; consisting of updating position statement, description, dosing, precautions, and references.
10/01/20	Review and revision to guideline; consisting of updating the position statement, description, dosing, precautions, and references.
01/01/20	Review and revision to guideline; consisting of updating the position statement.
04/01/21	Review and revision to guideline; consisting of updating the position statement.
05/15/22	Review and revision to guideline; consisting of updating the position statement to remove prior authorization from generic dimethyl fumarate.
09/15/22	Review and revision to guideline; consisting of updating the position statement to revise step requirements for Vumerity and Bafiertam.
01/01/23	Review and revision to guideline; consisting of updating the position statement to include generic fingolimod as a preferred generic and removal of Gilenya as a preferred brand.
05/15/23	Revision to guideline; consisting of updating the position statement to include generic teriflunomide as a preferred generic and removal of Aubagio as a preferred brand. Updated list of agents not to be used in combination.
11/15/23	Review and revision to guideline; consisting of updating the position statement to include Glatopa.