Tecfidera (dimethyl fumarate)

Background
Tecfidera is used in the treatment of relapsing forms of multiple sclerosis, including relapsing-remitting multiple sclerosis (RRMS), which is the most common form of the disease. Tecfidera has been proven to significantly reduce important measures of disease activity, including relapses and development of brain lesions, as well as slow disability progression over time (1).

The starting dose for Tecfidera is 120 mg twice a day orally. After 7 days, the dose should be increased to the maintenance dose of 240 mg twice a day orally (1).

Regulatory Status
FDA-approved indication: Tecfidera 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 (1).

Tecfidera may decrease lymphocyte counts. A recent complete blood cell count (CBC) (i.e., within 6 months) is recommended before initiation of therapy to identify patients with pre-existing low lymphocyte counts. A CBC should be repeated annually and as clinically indicated. Withholding treatment should be considered in patients with serious infections until the infection(s) is resolved. Tecfidera has not been studied in patients with pre-existing low lymphocyte counts (1).
An increased incidence of elevations of hepatic transaminases in patients treated with Tecfidera has been observed, primarily during the first six months of treatment, and most patients with elevations had levels < 3 times the upper limit of normal (ULN) (1).

A case of progressive multifocal leukoencephalopathy (PML) occurred in a patient with MS who received Tecfidera for 4 years while enrolled in a clinical trial. At the first sign or symptom suggestive of PML, withhold Tecfidera and perform an appropriate diagnostic evaluation (1).

Live, attenuated vaccines are generally not recommended for a person with MS because their ability to cause disease has been weakened but not totally inactivated (2).

Safety and effectiveness in pediatric patients have not been established (1).

**Related policies**
Acthar Gel, Ampyra, Aubagio, Gilenya, Lemtrada, Mavenclad, Mayzent, MS Injectables, Ocrevus, Tysabri

**Policy**

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Tecfidera may be considered **medically necessary** in patients 18 years of age and older with relapsing multiple sclerosis and if the conditions indicated below are met.

Tecfidera is considered **investigational** in patients less than 18 years of age and for all other indications.

**Prior-Approval Requirements**

**Age**
18 years of age or older

**Diagnosis**

Patient must have the following:

Relapsing Multiple Sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease

**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 Renewal Requirements

Age
18 years of age or older

Diagnosis

Patient must have the following:

Relapsing Multiple Sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease

AND ALL of the following:
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

Policy Guidelines

Pre - PA Allowance
None

Prior - Approval Limits

Quantity
120mg capsules – 14 capsules (starter pack) AND
240mg capsules – 180 capsules per 90 days
Section: Prescription Drugs                   Effective Date: October 1, 2019
Subsection: Central Nervous System Drugs           Original Policy Date: May 1, 2013
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Duration 12 months

Prior – Approval Renewal Limits
Quantity 240mg capsules – 180 capsules per 90 days
Duration 12 months

Rationale

Summary
Tecfidera is FDA approved for the treatment of patients with relapsing forms of multiple sclerosis to help decrease relapse rates, and new or enlarging lesions observed on MRI. Tecfidera may decrease lymphocyte counts. A recent complete blood cell count (CBC) (i.e., within 6 months) is recommended before initiation of therapy to identify patients with pre-existing low lymphocyte counts, annually, and as clinically indicated. Withholding treatment should be considered in patients with serious infections until the infection(s) is resolved. Patient should be monitored for signs and symptoms of PML. Safety and effectiveness in pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate and cost effective use of Tecfidera while maintaining optimal therapeutic outcomes.

References

Policy History

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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>May 2013</td>
<td>Addition to PA</td>
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<tr>
<td>September 2013</td>
<td>Annual editorial review by PMPC</td>
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<tr>
<td>June 2014</td>
<td>Removal of lymphocyte count of ≥ 910 lymphocytes /microliter</td>
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<td>Addition of not to be used with other disease modifying medications for MS</td>
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<td>September 2014</td>
<td>Annual editorial review</td>
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<tr>
<td>December 2014</td>
<td>Annual editorial review and reference update</td>
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<td>March 2015</td>
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June 2016  Annual editorial review and reference update
Addition of monitoring for PML
Policy code changed from 5.06.10 to 5.60.01
December 2016  Annual editorial review and reference update
Addition of not given concurrently with live vaccines
March 2017  Annual review
June 2017  Annual review
November 2018  Annual review and reference update
September 2019  Annual editorial review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 13, 2019 and is effective on October 1, 2019.