PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	Vumerity (diroximel fumarate)
BILLING CODE	Must use valid NDC
BENEFIT TYPE	Pharmacy
SITE OF SERVICE ALLOWED	Home
STATUS	Prior Authorization Required

Vumerity 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. It has been shown to activate the nuclear factor (erythroid-derived 2)-like 2 (Nrf2) pathway, which is involved in the cellular response to oxidative stress. Vumerity is a fumarate like Tecfidera (dimethyl fumarate), with the same active metabolite, monomethyl fumarate (MMF). However, due to its different chemical structure, Vumerity has less reactivity toward off-target receptors in the gastrointestinal (GI) tract, resulting in a lower incidence of GI side effects compared to Tecfidera.

Vumerity (diroximel fumarate) will be considered for coverage when the following criteria are met:

Multiple Sclerosis (MS)

For initial authorization:

1. Mea92 525.7 1 Tc -0.001 Tw 10.98 -0 0 10.98 54.9 lff6 Tw 10.n8J E 54.9 m418l.9 maipau8f* EMCpau8f* EMCa (e.g., fewer relapses, slowed disability progression, reduced number or volume of brain lesions).

If all the above requirements are met , the medication will be approved for an additional 12 months.

CareSource considers Vumerity (diroximel fumarate) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off- Label policy.

DATE	ACTION/DESCRIPTION
11/12/2019	New policy for Vumerity created.
07/21/2022	Transferred to new template. Updated and added references. Added trial of generic Tecfidera. Changed initial approval duration from 6 mo to 12 mo. Added clinical criteria for renewal.

References: