RXADVANCE
2 Park Central Drive
Southborough, MA 01772

Clinical Policy Title:	diroximel fumarate
Policy Number:	RxA.654
Drug(s) Applied:	**Vumerity**
Original Policy Date:	8/2020
Last Review Date:	09/14/2020
Line of Business Policy Applies to:	All lines of business

Background

Dosing Information

Drug Name	Indication	• Dosing Regimen	Maximum Dose
diroximel fumarate (Vumerity)	Relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults	• Blood tests are required prior to initiation of VUMERITY (See Appendix D) • Starting dose: 231 mg twice a day, orally, for 7 days • Maintenance dose after 7 days: 462 mg (administered as two 231 mg capsules) twice a day, orally	After 7 days: 462 mg (administered as two 231 mg capsules) twice a day, orally

Dosage Forms

- Delayed-release capsules for oral administration, containing 231 mg of diroximel fumarate.

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Multiple Sclerosis (must meet all)**:**

1. Diagnosis of one of the following (a ,b or c):
   a. Relapsing-remitting MS (RRMS), and
   b. Secondary progressive MS (SPMS);
   c. Clinically isolated syndrome
2. Trial and failure of at least 2 preferred disease modifying therapies, at up to maximally indicated doses,

unless contraindicated or clinically significant adverse effects are experienced.
**Prior authorization is required for all disease modifying therapies for MS*

3. Prescribed by or in consultation with a neurologist;
4. Age ≥ 18 years;
5. Vumerity is not prescribed concurrently with other disease modifying therapies for MS; *(see Appendix B)*
6. Does not exceed the following: After 7 days: 462 mg (administered as two 231 mg capsules) twice a day, orally

Approval Duration:
Commercial: 6 months
Medicaid/HIM: 6 months

II. Continued Therapy Approval

A. Multiple Sclerosis (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. Vumerity is not prescribed concurrently with other disease modifying therapies for MS *(see Appendix B)*
4. Does not exceed the following: After 7 days: 462 mg (administered as two 231 mg capsules) twice a day, orally

Approval Duration:
Commercial: 12 months
Medicaid/HIM: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
CIS: clinically isolated syndrome
FDA: Food and Drug Administration
MS: Multiple Sclerosis
RRMS: relapsing-remitting multiple sclerosis
SPMS: secondary progressive multiple sclerosis

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Disease-modifying therapies for MS include:

- Infusion therapies
  - natalizumab (Tysabri®)
  - mitoxantrone
  - ocrelizumab (Ocrevus™)
  - alemtuzumab (Lemtrada®)
- Injectable therapies
  - glatiramer (Copaxone®, Glatopa®)

- interferon beta-1a (Avonex®, Rebif®)
- interferon beta-1b (Betaseron®, Extavia®)
- peginterferon beta-1a (Plegridy®)

- Oral therapies
  - dimethyl fumarate (Tecfidera®)
  - monomethyl fumarate (Bafiertam™)
  - diroximel fumarate (Vumerity®)
  - teriflunomide (Aubagio®)
  - fingolimod (Gilenya™)
  - siponimod (Mayzent®)
  - ozanimod (Zeposia®)
  - cladribine (Mavenclad®)
  - dalfampridine (Ampyra®)

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - Known hypersensitivity to diroximel fumarate, dimethyl fumarate, or to any of the excipients of Vumerity
  - Co-administration with dimethyl fumarate
- Boxed Warning(s):
  - Not applicable

APPENDIX D: General Information

- Blood Tests Prior to Initiation of Vumerity:
  - Obtain the following prior to treatment with Vumerity:
    - A complete blood cell count (CBC), including lymphocyte count
    - Serum aminotransferase, alkaline phosphatase, and total bilirubin levels
- Swallow Vumerity capsules whole and intact. Do not crush, chew, or sprinkle capsule contents on food
- Avoid administration of Vumerity with a high-fat, high-calorie meal/snack
- Avoid co-administration of Vumerity with alcohol
- Pregnancy: Based on animal data, may cause fetal harm.
- Vumerity is not recommended in patients with moderate or severe renal impairment

References

1. Vumerity Prescribing Information. Cambridge, MA; Biogen Inc.; March 2019. Available at: https://www.vumerityhcp.com/content/dam/commercial/vumerity/hcp/en_us/pdf/vumerity-prescribing-information.pdf Accessed 8/28/2020.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2019. Available at https://www.clinicalkey.com/pharmacology/
3. Rae-Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease-modifying therapies for adults with multiple sclerosis: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. Neurology, 2018;90:777-788. doi:10.1212/WNL.0000000000005347.
4. Rae-Grant A, Day GS, Marrie RA, et al. Comprehensive systematic review summary: Disease-modifying therapies for adults with multiple sclerosis Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. Neurology, 2018;90:789-800.

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5. Costello K, Kalb R. The use of disease-modifying therapies in multiple sclerosis, principles and current evidence – a consensus paper by the Multiple Sclerosis Coalition. Revised September 2019. Available at http://www.nationalmssociety.org/getmedia/5ca284d3-fc7c- 4ba5-b005-ab537d495c3c/DMT_Consensus_MS_Coalition_color. Accessed August 28,2020.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	08/2020	9/14/2020