Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

catamaran™

TECIFDERA™ (dimethyl fumarate)

GPI CODING:

62405525006540
62405525006520
62405525006320

DESCRIPTION:

Tecfidera is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

APPROVAL DURATION:

Approval duration: indefinite

Quantity Limits
Starter pack: 1 per year
120 mg strength: 14 capsules per year
240 mg strength: 60 capsules per 30 days

CRITERIA FOR TECFIDERA

Patient has had an inadequate response, intolerance, or contraindication to therapy with one injectable product such as interferon beta (Avonex, Betaseron, Rebif, Extavia) or glatiramer acetate (Copaxone).