

**BAFIERTAM (monomethyl fumarate, oral)**

**Diagnosis Considered for Coverage:**

- Multiple sclerosis (MS)

**Coverage Criteria:**

**For diagnosis listed above:**

- Dose does not exceed FDA label maximum, **and**
- Not being used in combination with another multiple sclerosis disease modifying therapy, **and**
- Inadequate response or intolerable side effects with TWO preferred MS disease-modifying agents including: Extavia, fingolimod (Gilenya), dimethyl fumarate (Tecfidera), Tecfidera, and a glatiramer containing products (Glatopa 20 mg, Glatopa 40 mg, glatiramer 20 mg, glatiramer 40 mg).

**Coverage Duration:** one year

Effective Date: 1/31/2024