

Bafiertam (monomethyl fumarate)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Multiple sclerosis (MS) is a chronic, inflammatory, demyelinating disease of the central nervous system. It typically presents in young adults (generally diagnosed before 50 years of age) with symptoms such as vision problems, muscle weakness, numbness, and difficulty with balance and coordination. The most common form is relapsing-remitting MS (occurring in about 85% of patients), characterized by acute

attacks followed by periods of remission. Treatment goals include reducing relapses, slowing disability progression, and managing symptoms. Disease-modifying therapies (DMTs) are the primary treatment approach and include injectable medications (e.g., interferons, glatiramer acetate), oral medications (e.g., dimethyl fumarate, fingolimod, teriflunomide, etc.), and infusion therapies (e.g., natalizumab, ocrelizumab).

MS is a progressive disease, meaning that symptoms tend to worsen over time, and it can be classified into several types, including relapsing-remitting MS (RRMS), primary progressive MS (PPMS), and secondary progressive MS (SPMS).

Currently, there is no cure for MS, but various treatment options are available to manage symptoms, slow the progression of the disease, and improve quality of life.

- Disease-modifying therapies (DMTs) are a class of medications that target the immune system to reduce inflammation and slow down the progression of the disease. The type of DMT prescribed will depend on the type and severity of MS, as well as the individual's medical history and preferences. Some common DMTs include interferon beta, glatiramer acetate, dimethyl fumarate, and fingolimod.
- High dose corticosteroids, such as high dose intravenous methylprednisolone or oral prednisone can be prescribed to reduce inflammation during acute MS relapses.
- Symptomatic treatments are also available to manage specific symptoms of MS, such as muscle spasms, bladder problems, and depression. Physical therapy, occupational therapy, and speech therapy can help individuals with MS maintain mobility, independence, and communication skills.

Bafiertam (monomethyl fumarate) is an oral fumaric acid derivative DMT approved for the treatment of relapsing forms of MS (to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease) in adults. It is the active metabolite of dimethyl fumarate (Tecfidera), another approved MS therapy. The exact mechanism of action in MS is unknown, but monomethyl fumarate is thought to have immunomodulatory and neuroprotective effects. Clinical trials with dimethyl fumarate demonstrated efficacy in reducing relapse rates and MRI measures of disease activity compared to placebo in patients with relapsing MS. Approval of Bafiertam was based on bioequivalence to dimethyl fumarate.

Definitions

"Bioequivalence" refers to the absence of a significant difference in the rate and extent to which the active ingredient becomes available at the site of drug action when administered at the same molar dose under similar conditions.

"Clinically isolated syndrome" refers to a first episode of neurologic symptoms lasting at least 24 hours caused by inflammation or demyelination in the central nervous system.

"Compendia" are summaries of drug information and medical evidence to support decision-making about the appropriate use of drugs and medical procedures. Examples include, but are not limited to:

1. American Hospital Formulary Service Drug Information
2. Clinical pharmacology
3. National Comprehensive Cancer Network Drugs and Biologics Compendium
4. Thomson Micromedex DrugDex
5. United States Pharmacopeia-National Formulary (USP-NF)

"Disease-modifying therapy (DMT)" is a medication that modifies the course of MS by reducing relapses and slowing disability progression.

"Documentation" refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

"MRI" or "Magnetic Resonance Imaging" refers to a medical imaging technique that creates detailed three-dimensional (3D) images of the organs and tissues in your body. A brain MRI can reveal areas of active MS disease called lesions within the central nervous system.

"Multiple sclerosis" is a chronic autoimmune disease of the central nervous system characterized by inflammation, demyelination, and neurodegeneration.

"No evidence of" indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

"Primary progressive MS" refers to worsening neurologic function from the onset of symptoms, without early relapses or remissions.

"Relapse" is defined as the appearance of new symptoms or the worsening of existing symptoms lasting at least 24 hours in the absence of fever or infection.

"Relapsing-remitting MS" refers to a disease course characterized by clearly defined attacks of new or increasing neurologic symptoms followed by periods of partial or complete recovery.

"[s]" indicates state mandates may apply.

"Secondary progressive MS" is a disease course following relapsing-remitting MS that is characterized by a progressive worsening of neurologic function over time with or without relapses.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers Bafiertam (monomethyl fumarate) medically necessary when ONE of the following criteria are met:

1. Authorization may be granted for pediatric members less than 18 years of age with multiple sclerosis when there is documentation that the benefits outweigh the risks; *OR*
Note: If approved, the requested product will be authorized for up until the member reaches 18 years of age.
2. The member meets the applicable [Medical Necessity Criteria for Initial Clinical Review](#) or [Subsequent Clinical Review](#) listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Multiple Sclerosis - Adults

The Plan considers Bafiertam (monomethyl fumarate) medically necessary when recent (within the last 3 months) clinical chart documentation provided indicates the member meets ALL of the following:

1. Prescribed by or in consultation with a neurologist or physician who specializes in the treatment of multiple sclerosis; *AND*
2. The member is 18 years of age or older; *AND*
3. The member has ONE (1) of the following forms of multiple sclerosis:
 - a. Relapsing-remitting (RRMS); *or*
 - b. Active secondary progressive disease (SPMS); *or*
 - c. Clinically isolated syndrome (CIS); *AND*
4. The member is unable to use, or has tried and failed at least TWO (2) of the following:
 - a. An interferon beta product (e.g., Avonex, Betaseron, Plegridy, or Rebif); *and/or*
 - b. Dimethyl Fumarate (generic Tecfidera); *and/or*
 - c. Fingolimod (generic Gilenya); *and/or*
 - d. Glatiramer acetate (Copaxone); *and/or*
 - e. Teriflunomide (generic Aubagio); *AND*
5. Bafiertam (monomethyl fumarate) will be used as monotherapy for multiple sclerosis (i.e., member is not using and will not use other disease-modifying MS therapies while on Bafiertam monomethyl fumarate); *AND*

6. Bafiertam (monomethyl fumarate) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.
 - o *Initial: 95 mg orally twice daily for 7 days*
 - o *Maintenance (after the first 7 days): 190 mg orally twice daily*
 - i. *120 capsules per 30 days*

If the above prior authorization criteria are met, the requested product will be authorized for up to 12-months.^[s]

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Multiple Sclerosis - Adults

The Plan considers Bafiertam (monomethyl fumarate) medically necessary when recent (within the last 6-months) clinical chart documentation provided indicates the member meets BOTH of the following:

1. The requested medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; **AND**
2. The member has experienced at least ONE (1) of the following:
 - a. Improvement in at least ONE (1) objective measure, such as:
 - i. Reduced disease activity on MRI; *and/or*
 - ii. Improved or stable disability scores; *and/or*
 - iii. Reduced relapse rate; *and/or*
 - iv. Improved fatigue or walking assessments; **AND/OR**
 - b. The member has shown stabilization or improvement in at least ONE (1) MS symptom, such as:
 - i. Motor function; *and/or*
 - ii. Fatigue; *and/or*
 - iii. Vision; *and/or*
 - iv. Bowel/bladder function; *and/or*
 - v. Spasticity; *and/or*
 - vi. Walking/gait; *and/or*
 - vii. Pain/numbness/tingling.

If the above reauthorization criteria are met, the requested product will be authorized for up to 12-months.^[s]

Experimental or Investigational / Not Medically Necessary^[5]

Bafiertam (monomethyl fumarate) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, unproven, or not medically necessary.

Non-covered indications include, but are not limited to, the following:

- Use for the treatment of primary progressive multiple sclerosis.
- Use in combination with other disease-modifying therapies for multiple sclerosis. There is limited knowledge about the use of combining DMTs for MS.
- Use for the treatment of other neurological conditions not related to multiple sclerosis. There are no high quality studies to support the use of Bafiertam (monomethyl fumarate) for other neurological conditions not related to MS.

References

1. Bafiertam (monomethyl fumarate) [prescribing information]. High Point, NC: Banner Life Sciences LLC; September 2024.
2. Bainbridge JL, Miravalle A, Wong PS. Multiple Sclerosis. In DiPiro JT, Yee GC, Posey LM, et al, eds. *Pharmacotherapy: A Pathophysiologic Approach*. 11th ed. New York, NY: McGraw-Hill; 2019.
3. Benallegue N, Rollot F, Wiertelowski S, Casey R, Debouverie M, Kerbrat A, De Seze J, Ciron J, Ruet A, Labauge P, Maillart E, Zephir H, Papeix C, Defer G, Lebrun-Frenay C, Moreau T, Berger E, Stankoff B, Clavelou P, Heinzlef O, Pelletier J, Thouvenot E, Al Khedr A, Bourre B, Casez O, Cabre P, Wahab A, Magy L, Vukusic S, Laplaud DA; OFSEP (Observatoire Français de la Sclérose en Plaques) Investigators. Highly Effective Therapies as First-Line Treatment for Pediatric-Onset Multiple Sclerosis. *JAMA Neurol*. 2024 Mar 1;81(3):273-282.
4. Chitnis T, Tenenbaum S, Banwell B, Krupp L, Pohl D, Rostasy K, Yeh EA, Bykova O, Wassmer E, Tardieu M, Kornberg A, Ghezzi A; International Pediatric Multiple Sclerosis Study Group. Consensus statement: evaluation of new and existing therapeutics for pediatric multiple sclerosis. *Mult Scler*. 2012 Jan;18(1):116-27.
5. Hauser SL, Cree BAC. Treatment of Multiple Sclerosis: A Review. *Am J Med*. 2020 Dec;133(12):1380-1390.e2. doi: 10.1016/j.amjmed.2020.05.049. Epub 2020 Jul 17. **6**.
6. He A, Merkel B, Brown JW, et al. Timing of high-efficacy therapy for multiple sclerosis: a retrospective observational cohort study. *Lancet Neurol*. 2020 Apr;19(4):307-316. doi: 10.1016/S1474-4422(20)30067-3. Epub 2020 Mar 18.
7. Krysko KM, Graves JS, Rensel M, et al; US Network of Pediatric MS Centers. Real-World Effectiveness of Initial Disease-Modifying Therapies in Pediatric Multiple Sclerosis. *Ann Neurol*. 2020 Jul;88(1):42-55.
8. Krysko KM, Graves J, Rensel M, et al; US Network of Pediatric MS Centers. Use of newer disease-modifying therapies in pediatric multiple sclerosis in the US. *Neurology*. 2018 Nov 6;91(19):e1778-e1787.
9. Lategan TW, Wang L, Sprague TN, Rousseau FS. Pharmacokinetics and Bioavailability of Monomethyl Fumarate Following a Single Oral Dose of Bafiertam™ (Monomethyl Fumarate) or Tecfidera® (Dimethyl Fumarate). *CNS Drugs*. 2021 May;35(5):567-574. doi: 10.1007/s40263-021-00799-9. Epub 2021 Mar 30.
10. McGinley MP, Goldschmidt CH, Rae-Grant AD. Diagnosis and Treatment of Multiple Sclerosis: A Review. *JAMA*. 2021;325(8):765-779. doi:10.1001/jama.2020.26858
11. Montalban X, Gold R, Thompson AJ, et al.ECTRIMS/EAN guideline on the pharmacological treatment of people with multiple sclerosis [published correction appears in *Eur J Neurol*. 2018;25(3):605]. *Eur J Neurol*. 2018;25(2):215-237. doi:10.1111/ene.13536.

12. Montalban X, Lebrun-Fréney C, Oh J, et al. Diagnosis of multiple sclerosis: 2024 revisions of the McDonald criteria. *Lancet Neurol.* 2025 Oct;24(10):850-865. doi: 10.1016/S1474-4422(25)00270-4. Erratum in: *Lancet Neurol.* 2025 Nov;24(11):e13. doi: 10.1016/S1474-4422(25)00355-2.
13. Multiple Sclerosis Society of Canada. Disease-modifying therapies. <https://mssociety.ca/managing-ms/treatments/medications/disease-modifying-therapies-dmts>.
14. National Institute for Health and Care Excellence [NICE]. Multiple sclerosis in adults: management. NICE Guidelines [NG220]. 22 June 2022. Available at: <https://www.nice.org.uk/guidance/ng220/chapter/Recommendations#ms-symptom-management-and-rehabilitation>. Accessed 20 January 2026.
15. National MS Society. Disease-modifying therapies for MS (updated March 2022). Available from National MS Society website: <https://nms2cdn.azureedge.net/cmssite/nationalmssociety/media/msnationalfiles/brochures/brochure-the-ms-disease-modifying-medications.pdf>.
16. 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(17):777-788.
17. Rashid W, Ciccarelli O, Leary SM, et al. Using disease-modifying treatments in multiple sclerosis: Association of British Neurologists (ABN) 2024 guidance. *Pract Neurol.* 2025 Jan 16;25(1):18-24. doi: 10.1136/pn-2024-004228.
18. Reich DS, Lucchinetti CF, Calabresi PA. 2018. Multiple sclerosis. *New England Journal of Medicine* 378(2):169-180
19. Rousseau FS, Wang L, Sprague TN, Lategan TW, Berkovich RR. Comparative pharmacokinetics and bioavailability of monomethyl fumarate following a single oral dose of Bafiertam® (monomethyl fumarate) versus Vumerity® (diroximel fumarate). *Mult Scler Relat Disord.* 2023 Feb;70:104500. doi: 10.1016/j.msard.2023.104500. Epub 2023 Jan 3.
20. Sladowska K, Mocko P, Brzostek T, et al. Efficacy and safety of disease-modifying therapies in pediatric-onset multiple sclerosis: A systematic review of clinical trials and observational studies. *Mult Scler Relat Disord.* 2025. doi: 10.1016/j.msard.2025.106263
21. The use of disease-modifying therapies in multiple sclerosis: principles and current evidence summary. Multiple Sclerosis Coalition. Available from the National MS Society Website: <https://www.nationalmssociety.org/>.
22. Tramacere I, Del Giovane C, Salanti G, et al. Immunomodulators and immunosuppressants for relapsing-remitting multiple sclerosis: a network meta-analysis. *Cochrane Database Syst Rev* 2015;9:CD011381.
23. Walsh R, Chitnis T. Therapeutic Advances in Pediatric Multiple Sclerosis. *Children.* 2025;12(3):259.
24. Wynn D, Lategan TW, Sprague TN, Rousseau FS, Fox EJ. Monomethyl fumarate has better gastrointestinal tolerability profile compared with dimethyl fumarate. *Mult Scler Relat Disord.* 2020 Oct;45:102335. doi: 10.1016/j.msard.2020.102335. Epub 2020 Jun 25.
25. Yang, J., Rempe, T., Whitmire, N., Dunn-Pirio, A., & Graves, J. (2022). Therapeutic Advances in Multiple Sclerosis. *Frontiers in Neurology*, 13. <https://doi.org/10.3389/fneur.2022.824926>.

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