Mayzent (siponimod)

Override(s)	Approval Duration
Prior Authorization	1 year
Quantity Limit	

Medications	Quantity Limit
Mayzent (siponimod) tablets	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Mayzent (siponimod) may be approved if the following criterion is met:

I. Individual has a diagnosis of relapsing multiple sclerosis (RMS) (including clinically isolated syndrome, relapsing-remitting disease or active secondary progressive disease).

Mayzent (siponimod) may **not** be approved for the following:

- I. Concurrent use with other MS disease modifying agents (including Aubagio, Avonex, Bafiertam, Betaseron, Copaxone/ Glatiramer/Glatopa, Extavia, Gilenya, Kesimpta, Lemtrada, Mavenclad, Ocrevus, Plegridy, Ponvory, Rebif, <u>Tascenso ODT</u>, Tecfidera, Tysabri, Vumerity and Zeposia); **OR**
- II. Individual who has been tested for CYP2C9 genotype and are homozygous for CYP2C9*3 (i.e., CYP2C9*3/*3 genotype); **OR**
- III. Individual has had a recent (within the past 6 months) occurrence of one of the following:
 - A. Myocardial infarction; OR
 - B. Unstable angina; **OR**
 - C. Stroke; OR
 - D. Transient ischemic attack (TIA); **OR**
 - E. Decompensated heart failure requiring hospitalization; **OR**
 - F. Class III/IV heart failure; **OR**
- IV. Individual has history or presence of Mobitz Type II second- or third-degree atrioventricular (AV) block or sick sinus syndrome, unless individual has a functioning pacemaker; OR
- V. Individual has an active acute or chronic infection at the initiation of therapy; OR
- VI. Individual is using to treat non-active secondary progressive multiple sclerosis.

Key References:

- 1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: July 7, 2022.
- 2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- 3. Feuerstein JD, Issacs KL, Schneider Y, et al. American Gastroenterological Association Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. Gastroenterology 2020; 158:1450-1461.
- 4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
- 5. Olek MJ, Howard J. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated: May 9, 2022. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: September 7, 2022.
- 6. 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. Available from: https://www.aan.com/Guidelines/home/GuidelineDetail/898. Accessed: September 7, 2022.
- DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: July 31, 2021.
- 2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
- Feuerstein JD, Issacs KL, Schneider Y, et al. American Gastroenterological Association Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. Gastroenterology 2020; 158:1450-1461.
- 4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2021; Updated periodically.
- 5. Olek MJ, Howard J. Clinical presentation, course and prognosis of multiple sclerosis in adults. Last updated: June 15, 2021. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: July 31, 2021.
- 6. Rae Grant A, Day GS, Marrie RA, et al. Practice guideline recommendations summary: Disease modifying therapies foradults with multiple sclerosis. Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. Neurology. 2018; 90: 777–788. Available from:https://www.aan.com/Guidelines/home/GuidelineDetail/898. Accessed: July 31, 2021.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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