



## Commercial/Healthcare Exchange PA Criteria

Effective: August 14, 2019

**Prior Authorization:** Mayzent

**Products Affected:** Mayzent (Siponimod) oral tablets

**Medication Description:** Mayzent is a sphingosine-1-phosphate (S1P) receptor modulator with a high binding affinity for S1P receptors 1 and 5, indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. It works by obstructing the egression of lymphocytes from lymph nodes, thus reducing the lymphocyte count in the peripheral blood. The exact mechanism of action is not established but it is believed to involve the reduction of lymphocyte migration into the central nervous system. It is not recommended to concurrently use Mayzent with other MS disease modifying agents.

Patients with CYP2C9 genotypes \*1/\*1, \*1/\*2, or \*2/\*2 takes 2 mg daily starting on day 6 after a 5-day dose titration period and patients with CYP2C9 genotypes \*1/\*3 or \*2/\*3 takes 1 mg daily starting on day 5 after a 4-day dose titration period.

**Covered Uses:** Treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

**Exclusion Criteria:**

1. Patients who have a CYP2C9\*3/\*3 genotype
2. Patients that have experienced myocardial infarction, unstable angina, stroke, TIA, decompensated heart failure requiring hospitalization, or Class III or IV heart failure in the last 6 months
3. Presence of Mobitz type II second-degree, third-degree AV block, or sick sinus syndrome unless the patient has a functioning pacemaker.

**Required Medical Information:**

1. Diagnosis
2. CYP2C9 genotype

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** Prescribed by, or in consultation with, a neurologist that specializes in treatment of multiple sclerosis.

**Coverage Duration:** 12 months

**Other Criteria:**

- A. Patient has a diagnosis of any of the following relapsing forms of Multiple Sclerosis:
  - a. Clinically isolated syndrome (CIS); OR
  - b. Relapsing-remitting multiple sclerosis (RRMS); OR
  - c. Active secondary progressive multiple sclerosis (SPMS) with documented relapses

Last Rev. August 13, 2019



Confidential Information

This document is confidential and proprietary to ConnectiCare. Unauthorized use and distribution are prohibited.



**References:**

1. Mayzent [Medication Guide]; East Hanover, NJ; Novartis Pharmaceuticals Corporation; March 2019
2. “DailyMed - MAYZENT- Siponimod Tablet, Film Coated.” U.S. National Library of Medicine, National Institutes of Health, 2019, [dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=44492772-5aed-4627-bd85-e8e89f308bb3](https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=44492772-5aed-4627-bd85-e8e89f308bb3).

**Policy Revision history**

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	8/13/2019

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