Oscar Clinical Guideline: fingolimod (Gilenya, Tascenso ODT) (PG224, Ver. 1)

Fingolimod (Gilenya, Tascenso ODT)

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.

Summary

Multiple sclerosis (MS) is a chronic, inflammatory, demyelinating disease of the central nervous system. It typically presents in young adults with symptoms such as vision problems, muscle weakness, numbness, and difficulty with balance and coordination. The most common form is relapsing-remitting MS, characterized by acute attacks followed by periods of remission. Treatment goals include reducing relapses, slowing disability progression, and managing symptoms. Disease-modifying therapies are the primary treatment approach and include injectable medications (interferons, glatiramer acetate), oral medications (dimethyl fumarate, fingolimod, teriflunomide, etc.), and infusion therapies (natalizumab, ocrelizumab).

Fingolimod, available as Gilenya (capsules) and Tascenso ODT (orally disintegrating tablets), is an FDA-approved sphingosine 1-phosphate (S1P) receptor modulator for treating relapsing forms of multiple sclerosis. It is indicated for patients 10 years and older with clinically isolated syndrome (CIS), relapsing-remitting MS (RRMS), or active secondary progressive MS (SPMS). Tascenso ODT has demonstrated bioequivalence to Gilenya capsules in healthy adult subjects.

- It's important to note that fingolimod is not FDA-approved for primary progressive MS (PPMS). While clinical trials in PPMS patients showed that fingolimod had effects on MRI measures of disease activity, it did not significantly impact disability progression. Therefore, its use in PPMS is not supported by current evidence and regulatory approvals.

Definitions

"**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.

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

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

"**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.

"**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.

Medical Necessity Criteria for Initial Authorization

The Plan considers **fingolimod (Gilenya, Tascenso ODT)** 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. Is 10 years of age or older; ***AND***
3. Has **ONE** 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. For **Brand name Gilenya or Tascenso ODT 0.5 mg ONLY** - member is unable to use, or has tried and failed **BOTH** of the following:
    a. generic fingolimod 0.5 mg capsules from at least two different manufacturers***; and***
    b. at least **TWO** of the following:
        i. An interferon beta product (Avonex, Betaseron, Plegridy, or Rebif)***; and/or***
        ii. Dimethyl Fumarate (generic Tecfidera)***; and/or***
        iii. Glatiramer acetate (Copaxone, Glatopa)***; and/or***
        iv. Teriflunomide (generic Aubagio); ***AND***
5. For **Tascenso ODT 0.25 mg ONLY** - Documentation demonstrates:
    a. Member requires 0.25 mg dose (weighs ≤40 kg)***; and***
    b. Member is unable to swallow capsules; ***AND***
6. Does not have any of the following contraindications:
    a. Recent (within last 6 months) myocardial infarction, unstable angina, stroke, TIA, or decompensated heart failure requiring hospitalization***; and/or***
    b. Class III or IV heart failure***; and/or***
    c. Mobitz type II second-degree or third-degree AV block or sick sinus syndrome, unless member has a functioning pacemaker***; and/or***
    d. Baseline QTc interval ≥ 500 msec***; and/or***
    e. Cardiac arrhythmias requiring anti-arrhythmic treatment with Class Ia or Class III anti-arrhythmic drugs; ***AND***
7. Fingolimod (Gilenya, Tascenso ODT) 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 fingolimod); ***AND***
8. Fingolimod (Gilenya, Tascenso ODT) is being prescribed within the manufacturer's published dosing guidelines or falls within dosing guidelines found in a compendia of current literature.
    - *For adults (18 years and older): 0.5 mg orally once daily.*
    - *For pediatric members (10-17 years old):*
        i. Weighing >40 kg: 0.5 mg orally once daily.
        ii. Weighing ≤40 kg: 0.25 mg orally once daily.

If the above prior authorization criteria are met, the requested medication will be authorized for 12-months.

Medical Necessity Criteria for Reauthorization

Reauthorization for 12-months will be granted if the member has recent (within the last 6-months) clinical documentation showing **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 of the following:
    a. Improvement in at least one 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. Stabilization or improvement in at least one 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.

Experimental or Investigational / Not Medically Necessary

Fingolimod (Gilenya, Tascenso ODT) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Treatment of other neurological conditions not related to multiple sclerosis. While fingolimod has been studied in some other neurological conditions (e.g., chronic inflammatory demyelinating polyneuropathy), current evidence does not support its use outside of relapsing forms of MS.
- Treatment of primary progressive multiple sclerosis. Current evidence does not support the efficacy of fingolimod in PPMS. The INFORMS trial showed that fingolimod did not slow disease progression in PPMS patients.
- Use in combination with other disease-modifying therapies for multiple sclerosis. There is insufficient evidence to support the safety and efficacy of combining fingolimod with other DMTs.
- Use in members under 10 years of age. Safety and efficacy have not been established in this population.

References

1. 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.
2. Gilenya (fingolimod) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2024.
3. Hauser, S., & Cree, B. (2020). Treatment of Multiple Sclerosis: A Review.. The American journal of medicine. https://doi.org/10.1016/j.amjmed.2020.05.049.
4. Hughes R, Dalakas MC, Merkies I et al. Oral fingolimod for chronic inflammatory demyelinating polyradiculoneuropathy (FORCIDP Trial): a double-blind, multicentre, randomised controlled trial. Lancet Neurol. 2018; 17:689-698.
5. Longbrake EE, Kantor D, Pawate S, et al. Effectiveness of alternative dose fingolimod for multiple sclerosis. Neurol Clin Pract. 2018;8(2):102-107. doi: 10.1212/CPJ.0000000000000434.
6. Lublin F, Miller DH, Freedman MS et al. Oral fingolimod in primary progressive multiple sclerosis (INFORMS): a phase 3, randomised, double-blind, placebo-controlled trial. Lancet. 2016; 387:1075-1084.
7. Mahdi-Rogers M, Brassington R, Gunn AA et al. Immunomodulatory treatment other than corticosteroids, immunoglobulin and plasma exchange for chronic inflammatory demyelinating polyradiculoneuropathy. Cochrane Database Syst Rev. 2017; 5:CD003280.
8. 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
9. Multiple Sclerosis Society of Canada. Disease-modifying therapies. https://mssociety.ca/managing-ms/treatments/medications/disease-modifying-therapies-dmts.
10. 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.
11. 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.
12. Reich DS, Lucchinetti CF, Calabresi PA. 2018. Multiple sclerosis. New England Journal of Medicine 378(2):169-180
13. Tascenso ODT (fingolimod) [prescribing information]. Cambridge, United Kingdom: Cycle Pharmaceuticals Ltd; June 2024.
14. 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/.
15. 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.
16. 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.

Clinical Guideline Revision / History Information

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