Oscar Clinical Guideline: Mayzent (siponimod) (PG228, Ver. 2)

Mayzent (siponimod)

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 (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 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).

Mayzent (siponimod) is an oral sphingosine 1-phosphate receptor modulator approved for treating relapsing forms of MS, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease. It reduces inflammation and may have neuroprotective effects. Mayzent has demonstrated efficacy in reducing relapse rates and disability progression, particularly in patients with active SPMS.

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.

"CYP2C9 genotype" refers to the genetic variants of the cytochrome P450 2C9 enzyme, which affects the metabolism of siponimod and determines appropriate dosing.

"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 Mayzent (siponimod) 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 18 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. Is unable to use, or has tried and failed at least TWO of the following:
    a. An interferon beta product (Avonex, Betaseron, Plegridy, or Rebif)*; and/or*
    b. Dimethyl Fumarate (generic Tecfidera)*; and/or*
    c. Fingolimod (generic Gilenya)*; and/or*
    d. Glatiramer acetate (Copaxone, Glatopa)*; and/or*

    e. Teriflunomide (generic Aubagio); *AND*
5. Has been tested for CYP2C9 genotype and does not have the CYP2C9*3/*3 genotype; *AND*
6. Does not have any of the following contraindications:
    a. Recent (within last 6 months) myocardial infarction, unstable angina, stroke, transient ischemic attack (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*
7. Mayzent (siponimod) 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 Mayzent); *AND*
8. Mayzent (siponimod) is being prescribed within the manufacturer's published dosing guidelines or falls within dosing guidelines found in a compendia of current literature.
    - *For members with CYP2C9 genotypes *1/*1, *1/*2, or *2/*2:*
        i. *Initiate treatment with 5-day titration: 0.25 mg once daily on days 1-2, 0.5 mg on day 3, 0.75 mg on day 4, and 1.25 mg on day 5*
        ii. *Maintenance dose: 2 mg once daily starting on day 6 and thereafter*
    - *For members with CYP2C9 genotypes *1/*3 or *2/*3:*
        i. *Initiate treatment with 4-day titration: 0.25 mg once daily on days 1-2, 0.5 mg on day 3, 0.75 mg on day 4*
        ii. *Maintenance dose: 1 mg once daily starting on day 5 and thereafter*

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

Medical Necessity Criteria for Reauthorization

Reauthorization for up to 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. The member has shown 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

Mayzent (siponimod) 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:

- Use for the treatment of other neurological conditions not related to multiple sclerosis (e.g., Alzheimer's disease).
- Use for the treatment of primary progressive multiple sclerosis.
- Use in combination with other disease-modifying therapies for multiple sclerosis.
- Use in members under 18 years of age.
- Use for the treatment of intracerebral hemorrhage, Mayzent (siponimod) has only been studied for this indication in mouse models.
- Use for the treatment of the autoimmune diseases polymyositis and dermatomyositis.

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Clinical Guideline Revision / History Information

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