BlueCross BlueShield
Federal Employee Program

MAYZENT
(siponimod)

Preferred product: Mayzent

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsing forms of Multiple Sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease

AND ALL of the following:

1. Prescriber has reviewed baseline liver function tests (LFTs), complete blood count (CBC) including lymphocyte count, and electrocardiogram (ECG)
2. Prescriber agrees to monitor for signs and symptoms of bradycardia with hourly pulse and blood pressure measurement for the first dose, as medically indicated
3. The CYP2C9 genotype has been confirmed prior to starting treatment **AND** patient does **NOT** have CYP2C9*3/*3 genotype
4. Prescriber will not exceed FDA labeled dose of 2 mg/day
    a. Genotypes CYP2C9 *1/*3 and *2/*3 **only**: Prescriber will not exceed FDA labeled dose of 1 mg/day
5. **NO** history (within the last 6 months) of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or Class III/IV heart failure
6. **NO** history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless patient has a pacemaker
7. **NO** significant QTc prolongation (QTc greater than 500 msec)
8. **NO** severe untreated sleep apnea
9. Patients with a history of uveitis and/or diabetes **ONLY**: will have an ophthalmic evaluation of the fundus, including the macula, prior to initiation of therapy
10. **NO** concurrent use with other MS disease modifying agents
11. **NOT** given concurrently with live vaccines

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Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Relapsing forms of Multiple Sclerosis (MS), including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease

AND ALL of the following:

1. Prescriber will not exceed FDA labeled dose of 2 mg/day
   a. Genotypes CYP2C9 *1/*3 and *2/*3 **only**: Prescriber will not exceed FDA labeled dose of 1 mg/day
2. **NO** history (within the last 6 months) of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or Class III/IV heart failure.
3. **NO** history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless patient has a pacemaker
4. **NO** significant QTc prolongation (QTc greater than 500 msec)
5. **NO** severe untreated sleep apnea
6. **NO** concurrent use with other MS disease modifying agents
7. **NOT** given concurrently with live vaccines

Prior - Approval *Renewal* Limits

Same as above

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