

# Clinical Policy: Fingolimod (Gilenya)

Reference Number: PA.CP.PHAR.251

Effective Date: 01/18

Last Review Date: 04/19

[Revision Log](#)

## Description

Fingolimod (Gilenya<sup>®</sup>) is a sphingosine 1-phosphate receptor modulator.

## FDA Approved Indication(s)

Gilenya is indicated for the treatment of relapsing forms of multiple sclerosis (MS) in patients 10 years of age and older

## Policy/Criteria

It is the policy of Pennsylvania Health and Wellness<sup>®</sup> that Gilenya is **medically necessary** for the following indications:

### I. Initial Approval Criteria

#### A. Multiple Sclerosis (must meet all):

1. Diagnosis of relapsing form of multiple sclerosis (MS);
2. Prescribed by or in consultation with a neurologist;
3. Age  $\geq$  10 years;
4. Member will not use other disease modifying therapies for MS concurrently (*see Appendix D*);
5. At the time of request, member does not have baseline QTc interval  $\geq$  500 msec;
6. Dose does not exceed 0.5 mg (1 capsule) per day.

**Approval duration: 6 months**

#### B. Other diagnoses/indications: Refer to PA.CP.PMN.53

### II. Continued Approval

#### A. Multiple Sclerosis (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. Member is not using other disease modifying therapies for MS concurrently (*see Appendix D*);
4. If request is for a dose increase, new dose does not exceed 0.5 mg (1 capsule) per day.

**Approval duration: 12 months**

#### B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or

2. Refer to PA.CP.PMN.53.

*Appendix A: Abbreviation/Acronym Key*

FDA: Food and Drug Administration

MS: multiple sclerosis

*Appendix B: Therapeutic Alternatives*

Not applicable

*Appendix C: Contraindications/Boxed Warnings*

- Contraindication(s):
  - Recent myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure with hospitalization, or Class III/IV heart failure
  - History of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless patient has a pacemaker
  - Baseline QTc interval  $\geq 500$  msec
  - Cardiac arrhythmias requiring anti-arrhythmic treatment with Class Ia or Class III anti-arrhythmic drugs
  - Hypersensitivity to fingolimod or its excipients
- Boxed warning(s): none reported

*Appendix D: General Information*

- Disease-modifying therapies for MS are: glatiramer acetate (Copaxone<sup>®</sup>, Glatopa<sup>®</sup>), interferon beta-1a (Avonex<sup>®</sup>, Rebif<sup>®</sup>), interferon beta-1b (Betaseron<sup>®</sup>, Extavia<sup>®</sup>), peginterferon beta-1a (Plegridy<sup>®</sup>), dimethyl fumarate (Tecfidera<sup>®</sup>), fingolimod (Gilenya<sup>™</sup>), teriflunomide (Aubagio<sup>®</sup>), alemtuzumab (Lemtrada<sup>®</sup>), mitoxantrone (Novantrone<sup>®</sup>), natalizumab (Tysabri<sup>®</sup>), and ocrelizumab (Ocrevus<sup>™</sup>).

Reviews, Revisions, and Approvals	Date	Approval Date
2Q 2018 annual review: removed the following contraindications: recent myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure with hospitalization, or Class III/IV heart failure; history of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless patient has a pacemaker; references reviewed and updated.	01.05 .18	
2Q 2019 annual review: removed requirement for no concurrent use of Class Ia or III anti-arrhythmic drugs based on updated contraindication in FDA label; references reviewed and updated.	04.17 .19	

**References**

1. Gilenya Prescribing Information. East Hanover, NJ: Novartis Pharmaceuticals Corporation; January 2019. Available at <http://www.gilenya.com>. Accessed February 4, 2019.
2. Costello K, Halper J, Kalb R, Skutnik L, Rapp R. The use of disease-modifying therapies in multiple sclerosis, principles and current evidence – a consensus paper by the Multiple Sclerosis Coalition. March 2017. Accessed February 4, 2019.

3. 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. Full guideline available at: <https://www.aan.com/Guidelines/home/GetGuidelineContent/904>.