



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FINGOLIMOD LAURYL SULFATE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
FINGOLIMOD LAURYL SULFATE	TASCENSO ODT	48165		GPI-10 (6240702520)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of a relapsing form of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease and active secondary progressive disease, and meet **ALL** of the following criteria?

- The patient is 10 years of age or older
- The patient had a trial of fingolimod capsules
- The patient is unable to swallow fingolimod capsules
- The patient had a trial of or contraindication to ONE agent indicated for the treatment of MS

If yes, continue to #2.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

2. Does the patient have **ANY** of the following contraindications to Tascenso ODT?

- A recent (within past 6 months) occurrence of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or Class III/IV heart failure
- A history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless patient has a functioning pacemaker
- A baseline QTc interval of 500 msec or greater
- Current treatment with Class Ia (quinidine, procainamide, or disopyramide) or Class III anti-arrhythmic drugs (amiodarone, dofetilide, dronedarone, ibutilide, or sotalol)

If yes, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

If no, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**

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GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **FINGOLIMOD LAURYL SULFATE (Tascenso ODT)** requires the following rule(s) be met for approval:

- A. You have a relapsing form of multiple sclerosis (a type of nerve disorder), to include clinically isolated syndrome (a type of nerve disorder that occurs once), relapsing-remitting disease (symptoms or disease returns and goes away) and active secondary progressive disease (advanced disease)
- B. You are 10 years of age or older
- C. You had a trial of fingolimod capsules
- D. You are unable to swallow fingolimod capsules
- E. You had a trial of or contraindication (harmful for) to one other agent indicated for the treatment of multiple sclerosis
- F. You do not have any of the following contraindications (harmful for) to Tascenso ODT:
 - 1. A recent (within past 6 months) occurrence of myocardial infarction (heart attack), unstable angina (chest pain), stroke, transient ischemic attack (short stroke-like attack), decompensated heart failure requiring hospitalization, or Class III/IV heart failure
 - 2. A history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome (types of irregular heartbeats), unless you have a functioning pacemaker
 - 3. A baseline QTc interval of 500 msec or greater (a measure of the speed of electrical conduction in the heart)
 - 4. Current treatment with Class Ia (quinidine, procainamide, or disopyramide) or Class III anti-arrhythmic drugs (amiodarone, dofetilide, dronedarone, ibutilide, or sotalol)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Tascenso ODT.

REFERENCES

- Tascenso ODT [Prescribing Information]. San Jose, CA: Handa Neuroscience, LLC; December 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/16/23

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P&T Approval: 10/22