Drug Coverage Policy

Effective Date.....11/01/2025
Coverage Policy Number.....IP0514
Policy Title.....Tascenso ODT

Multiple Sclerosis (Oral – Sphingosine 1-Phosphate Receptor Modulator) – Tascenso ODT

- Tascenso ODT® (fingolimod orally disintegrating tablets - Cycle/Handa)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview
Tascenso ODT, a sphingosine 1-phosphate receptor modulator, is indicated for the treatment of relapsing forms of **multiple sclerosis** (MS), to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease in patients ≥ 10 years of age.[1] The FDA-approved dose for pediatric patients ≥ 10 years of age who weigh less than or equal to 40 kg is 0.25 mg once daily. For adults and pediatric patients 10 years of age and older weighing more than 40 kg, the dose is 0.5 mg once daily. Administer Tascenso ODT with or without water. Place the tablet directly on the tongue and allow it to dissolve before swallowing. Tascenso ODT is available in 0.25 mg and 0.5 mg orally disintegrating tablets. Fingolimod doses higher than two times the recommended Tascenso ODT dosage are associated with a greater incidence of adverse events without additional benefit.

Disease Overview
MS is a chronic, inflammatory, demyelinating, autoimmune disease of the central nervous system that impacts almost 1,000,000 people in the US.[2-4] The condition is marked by inflammation and demyelination, as well as degenerative alterations. Patients usually experience relapses and remissions in their neurological symptoms. For most patients, the onset of MS symptoms occurs when patients are 20 to 40 years of age; however, children can get MS and new onset disease can occur in older adults. The MS disease course is heterogeneous but has some patterns. Approximately 85% to 90% of patients have a relapsing pattern at onset. However, this transitions over time in patients who are untreated to a worsening with very few or no relapses or magnetic resonance imaging (MRI) activity (secondary progressive MS). Around 10% to 15% of patients have a steady progression of symptoms over time (primary progressive MS), marked by some clinical manifestations or by MRI activity. Primary progressive MS is generally diagnosed in patients on the upper level of the typical age range (e.g., almost 40 years of age) and the distribution is equivalent among the two genders. Advances in the understanding of the MS disease process, as well as in MRI technology, spurned updated disease course descriptions in 2013,[5] as well as in 2017.[6] The revised disease courses are clinically isolated syndrome, relapsing remitting MS, primary progressive MS, and secondary progressive MS.[2-6] Clinically isolated syndrome is now more recognized among the course descriptions of MS. It is the first clinical presentation of MS that displays characteristics of inflammatory demyelination that may possibly be MS but has yet to fulfill diagnostic criteria. It is notable that the other MS designations can be further characterized considering whether patients have active disease (or not active), as well as if disease is worsening or stable. Disability in MS is commonly graded on the deterioration of mobility per the Expanded Disability Status Scale an ordinal scale that ranges from 0 to 10, with higher scores indicating greater disability.

Guidelines
In September 2019, a consensus paper was updated by the MS Coalition that discusses the use of disease-modifying therapies in MS.[2] Many options from various disease classes, involving different mechanisms of action and modes of administration, have shown benefits in patients with MS.[2]

Safety
The initiation of Tascenso ODT leads to decreases in heart rate.[1] The first dose of Tascenso ODT should be given in a setting in which resources to appropriately manage symptomatic bradycardia are available. Monitor all patients for 6 hours after the first dose for signs and symptoms of bradycardia with hourly pulse and blood pressure measurement. Patients with prolonged QTc interval at baseline or during the 6-hour observation period, or taking medications with known risks of torsades de pointes, should be observed overnight with continuous electrocardiographic monitoring in a medical facility. When restarting Tascenso ODT after discontinuation for more than 14 days after the first treatment month, perform first-dose monitoring. There are several contraindications for use which mainly include patients with background cardiovascular disease.

Tascenso ODT is associated with serious toxicities such as decreased heart rate and/or atrioventricular condition after the first dose; an increased risk of infections; macular edema; pulmonary toxicity; and elevated liver enzymes. Cases of progressive multifocal leukoencephalopathy have occurred in patients with multiple sclerosis who were given fingolimod in the postmarketing setting.

Coverage Policy

Policy Statement
Prior Authorization is required for benefit coverage of Tascenso ODT. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Tascenso ODT as well as the monitoring required for adverse events and efficacy, approval requires Tascenso ODT to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Tascenso ODT is considered medically necessary when the following are met:

FDA-Approved Indication

1. **Multiple Sclerosis.** Approve for 1 year if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii and iv):
     - **i.** Patient has a relapsing form of multiple sclerosis; AND
       Note: Examples of relapsing forms of multiple sclerosis include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease.
     - **ii.** Patient is ≥ 10 years of age; AND
     - **iii.** Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; AND
     - **iv.** Preferred product criteria is met for the product(s) as listed in the below table(s); OR
   - **B)** Patient is Currently Receiving Tascenso ODT for ≥ 1 Year. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient has a relapsing form of multiple sclerosis; AND
       Note: Examples of relapsing forms of multiple sclerosis include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease.
     - **ii.** Patient is ≥ 10 years of age; AND
     - **iii.** Patient meets one of the following (a or b):
       - **a)** Patient experienced a beneficial clinical response when assessed by at least one objective measure; OR
         Note: Examples include stabilization or reduced worsening in disease activity as evaluated by magnetic resonance imaging (MRI) [absence or a decrease in gadolinium enhancing lesions, decrease in the number of new or enlarging T2 lesions]; stabilization or reduced worsening on the Expanded Disability State Scale (EDSS) score; achievement in criteria for No Evidence of Disease Activity (NEDA)-3 or NEDA-4; improvement on the fatigue symptom and impact questionnaire-relapsing multiple sclerosis (FSIQ-RMS) scale; reduction or absence of relapses; improvement or maintenance on the six-minute walk test or 12-Item MS Walking Scale; improvement on the Multiple Sclerosis Functional Composite (MSFC) score; and/or attenuation of brain volume loss.
       - **b)** Patient experienced stabilization, slow progression, or improvement in at least one symptoms such as motor function, fatigue, vision, bowel/bladder function, spasticity, walking/gait, or pain/numbness/tingling sensation; AND

iv. Medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis.

Employer Plans:

Product	Criteria
Tascenso ODT 0.5 mg (fingolimod orally disintegrating tablets)	Patient meets BOTH of the following (i and ii): i. Patient meets ONE of the following (a, b, c, or d): a) Patient cannot swallow or has difficulty swallowing tablets or capsules; OR b) Patient has been established on Tascenso ODT ≥ 120 days; OR c) Patient is ≥ 10 to < 18 years of age; OR d) Patient meets BOTH of the following (1 and 2): 1) Patient has tried generic dimethyl fumarate delayed-release capsules; AND 2) Patient has experienced inadequate efficacy or significant intolerance according to the prescriber; AND Note: Prior use of Tecfidera, Bafiertam, or Vumerity with inadequate efficacy or significant intolerance (according to the prescriber) also counts. ii. Patient meets ONE of the following (a or b): a) Patient meets BOTH of the following (1 and 2): 1) Patient has tried generic fingolimod capsules; AND 2) Patient cannot continue to use generic fingolimod capsules due to a formulation difference in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the Brand and the bioequivalent generic which, per the prescriber, would result in a significant allergy or serious adverse reaction. b) Patient cannot swallow or has difficulty swallowing tablets or capsules.

Individual and Family Plans:

Product	Criteria
Tascenso ODT 0.5 mg (fingolimod orally disintegrating tablets)	Patient meets BOTH of the following (i and ii): i. Patient meets ONE of the following (a, b, c, or d): a) Patient cannot swallow or has difficulty swallowing tablets or capsules; OR b) Patient has been established on Tascenso ODT ≥ 120 days; OR c) Patient is ≥ 10 to < 18 years of age; OR d) Patient meets BOTH of the following (1 and 2): 1) Patient has tried generic dimethyl fumarate delayed-release capsules [requires prior authorization]; AND 2) Patient has experienced inadequate efficacy or significant intolerance according to the prescriber; AND

Product	Criteria
	Note: Prior use of Tecfidera, Bafiertam, or Vumerity with inadequate efficacy or significant intolerance (according to the prescriber) also counts. ii. Patient meets ONE of the following (a or b): a) Patient meets BOTH of the following (1 and 2): 1) Patient has tried generic fingolimod capsules [requires prior authorization]; AND 2) Patient cannot continue to use generic fingolimod capsules due to a formulation difference in the inactive ingredient(s) [e.g., differences in dyes, fillers, preservatives] between the Brand and the bioequivalent generic which, per the prescriber, would result in a significant allergy or serious adverse reaction. b) Patient cannot swallow or has difficulty swallowing tablets or capsules.

Conditions Not Covered

Tascenso ODT for any other use is considered not medically necessary including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concurrent Use with Other Disease-Modifying Agents Used for Multiple Sclerosis.** These agents are not indicated for use in combination (See Appendix for examples). Additional data are required to determine if use of disease-modifying multiple sclerosis agents in combination is safe and provides added efficacy.

2. **Non-Relapsing Forms of Multiple Sclerosis.** In the INFORMS trial fingolimod did not slow disease progression in patients with primary progressive multiple sclerosis.[7] Note: An example of a non-relapsing form of multiple sclerosis is primary progressive multiple sclerosis.

References

1. Tascenso ODT™ orally disintegrating tablets [prescribing information]. Cambridge UK and San Jose, CA: Cycle and Handa; July 2024.
2. A Consensus Paper by the Multiple Sclerosis Coalition. The use of disease-modifying therapies in multiple sclerosis. September 2019.
3. McGinley MP, Goldschmidt C, Rae-Grant AD. Diagnosis and treatment of multiple sclerosis. A review. *JAMA*. 2021;325(8):765-779.
4. No authors listed. Drugs for multiple sclerosis. *Med Lett Drugs Ther*. 2021;63(1620):42-48.
5. Lublin FD, Reingold SC, Cohen JA, et al. Defining the clinical course of multiple sclerosis: the 2013 revisions. *Neurology*. 2014;83:278-286.
6. Thompson AJ, Banwell BL, Barkhof F, et al. Diagnosis of multiple sclerosis: 2017 revisions of the McDonald criteria. *Lancet Neurol*. 2018;17(2):162-173.

7. Lublin F, Miller DH, Freedman MS, et al, on behalf of the INFORMS Study Investigators. Oral fingolimod in primary progressive multiple sclerosis (INFORMS): a phase 3, randomized, double-blind, placebo-controlled trial. *Lancet*. 2016;387:1075-1084.

Appendix

Medication	Mode of Administration
Aubagio® (teriflunomide tablets, generic)	Oral
Avonex® (interferon beta-1a intramuscular injection)	Injection (self-administered)
Bafiertam® (monomethyl fumarate delayed-release capsules)	Oral
Betaseron® (interferon beta-1b subcutaneous injection)	Injection (self-administered)
Briumvi® (ublituximab-xiij intravenous infusion)	Intravenous infusion
Copaxone® (glatiramer acetate subcutaneous injection, generic)	Injection (self-administered)
Gilenya® (fingolimod capsules, generic)	Oral
Glatopa® (glatiramer acetate subcutaneous injection)	Injection (self-administered)
Kesimpta® (ofatumumab subcutaneous injection)	Injection (self-administered)
Lemtrada® (alemtuzumab intravenous infusion)	Intravenous infusion
Mavenclad® (cladribine tablets)	Oral
Mayzent® (siponimod tablets)	Oral
Ocrevus® (ocrelizumab intravenous infusion)	Intravenous infusion
Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq subcutaneous injection)	Subcutaneous Injection (not self-administered)
Plegridy® (peginterferon beta-1a subcutaneous or intramuscular injection)	Injection (self-administered)
Ponvory® (ponesimod tablets)	Oral
Rebif® (interferon beta-1a subcutaneous injection)	Injection (self-administered)
Tascenso ODT® (fingolimod orally disintegrating tablets)	Oral
Tecfidera® (dimethyl fumarate delayed-release capsules, generic)	Oral
Tyruko® (natalizumab-sztn intravenous infusion)	Intravenous infusion
Tysabri® (natalizumab intravenous infusion)	Intravenous infusion
Vumerity® (diroximel fumarate delayed-release capsules)	Oral
Zeposia® (ozanimod capsules)	Oral

Revision Details

Type of Revision	Summary of Changes	Date
Selected Revision	**Added** a definition for documentation. **Added** a specialist prescribing requirement. **Added** criteria for patient Currently Receiving Tascenso ODT for ≥ 1 Year. **Added** preferred product criteria for Individual and Family Plans. Ocrevus Zunovo was added to the Appendix.	12/01/2024
Early Annual Revision	The Policy name was changed to add "Oral – Sphingosine 1-Phosphate Receptor Modulator". **Added** a policy statement.	11/01/2025

	Removed documentation requirements. **Updated** the Employer Plans and Individual and Family Plans preferred product criteria. **Updated** the conditions not covered statement. **Removed** Extavia from the Appendix.	

The policy effective date is in force until updated or retired.

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