To:	**Jai Medical Providers**
From:	**MC-Rx**
Date:	**December 31, 2024**
Subject:	**Formulary Update January 2025**

Effective 1/1/2025, the following medications will be added to the formulary with a prior authorization required:

- Fingolimod (generic Gilenya)

Prior Authorization Criteria:

Medication	**FINGOLIMOD (GENERIC GILENYA 0.5MG CAPSULE)**
Covered Uses	All FDA approved indications: • Treatment of patients with 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 and older (ICD-10-CM G35).
Exclusion Criteria	Contraindicated in patients with cardiac arrhythmias requiring anti-arrhythmic treatment with Class Ia or Class III anti-arrhythmic drugs.
Required Medical Information	Not requesting combination of 2 agents together: Copaxone, Betaseron, Avonex, Tysabri, Gilenya, Aubagio, or Tecfidera.
Age Restriction	Approved for patients 10 years of age and older
Prescriber Restriction	Neurologist
Coverage Duration	One (1) year
Other Criteria	• Follow Package Insert instructions for dosage and administration. • Fingolimod use is contraindicated in the following: 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 >= 500msec. The physician must be aware of and follow-up on the patient's conditions. • Because it takes approximately 2 months to eliminate fingolimod from the body, women of childbearing potential should use effective contraception to avoid pregnancy during and for 2 months after stopping fingolimod treatment. The physician should be aware of and follow-up on the patient's pregnancy status.

The Prior Authorization Criteria for Dupixent will have the following additions made:
Dupixent

- **Treatment of adult patients, as an add-on maintenance treatment, chronic rhinosinusitis with nasal polyposis (CRSwNP) was updated to include pediatric patients aged 12 and older.**
- **A new indication was added for add-on maintenance treatment of adult patients with inadequately controlled COPD and an eosinophilic phenotype with the following criteria:**
  - **Documented diagnosis of severe COPD with exacerbations (requiring treatment with either systemic corticosteroids and/or antibiotics) within the past year; and**
  - **Documented concurrent use of standard of care therapy (e.g., LABA+LAMA+ICS triple therapy); and**
  - **Documented blood eosinophil count (BEC) greater than or equal to 300 cells/µL within the past 6 months**

Providers can contact MC-Rx's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24-hour customer service department at 800-213-5640.