

**Tascenso (fingolimod)**  
**Effective 02/01/2023**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>			
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Tascenso ODT 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 pediatric patients 10 years of age and older and weighing less than or equal to 40 kg.

### Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Tascenso ODT excluding when the product is obtained as samples or via manufacturer's patient assistance program

#### OR

Approval will be granted if the member meets all following criteria and documentation has been submitted:

1. The member is at least 10 years of age
2. The member has a diagnosis of ONE of the following forms of Multiple Sclerosis (MS):
  - a. Clinically isolated syndrome
  - b. Relapsing-remitting disease
  - c. Active secondary progressive disease
3. The member weighs at least 40kg
4. The prescriber is a neurologist or neurology consult notes are provided
5. The member has had inadequate response, adverse reaction, or contraindication to Gilenya (fingolimod) capsules

### Continuation of Therapy

Reauthorization may be granted with provider attestation that member is experiencing disease stability or improvement while receiving the medication.

**Limitations**

1. Initial approvals and reauthorizations will be granted for 12 months.
2. The following quantity limits apply:

Tascenso ODT	60 capsules per 30 days
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**References**

1. Tascenso ODT [package insert]. San Jose, CA: Handa Neuroscience, LLC; December 2021.

**Review History**

01/11/2023 – Created and Reviewed at January P&T. Effective 02/01/23

