

Siponimod
(Mayzent®)

Patient Information

Updated: 10.2019

USED FOR	<ul style="list-style-type: none"> Clinically isolated syndrome, relapsing and active secondary progressive forms of multiple sclerosis (MS). Siponimod will not cure MS or treat MS symptoms. It may reduce risk of flare-ups and slow the development of disability.
HOW IT WORKS	<ul style="list-style-type: none"> Siponimod works by keeping the immune system's white blood cells in the lymph nodes, so they don't travel to the brain and cause injury to the nervous system.
BEFORE STARTING SIPONIMOD	<ul style="list-style-type: none"> You will need a complete blood count, liver function tests, an eye exam, and a test to check the electrical activity of your heart (ECG). You will need a genetic test to determine the correct dose of Siponimod. You will need blood tests to ensure that you have immunity to chickenpox. If you don't have immunity to chickenpox, it is advised that you get the varicella (chickenpox) vaccine at least 1 month before starting Siponimod. Those over 50 should consider the shingles vaccine (Shingrix®) if they have a history of chickenpox or as recommended by your provider. Tell your doctor ALL the medications you are taking as they may interact with Siponimod, particularly those that <u>lower the heart rate</u>.
FIRST DOSE OBSERVATION (FDO)	<ul style="list-style-type: none"> Patients with a history of slow heart rate (<55 beats/min), heart attack or heart failure will need to schedule a first dose observation in clinic. If needed, you will be observed for at least 6 hours by a medical provider at a doctor's office or medical facility after taking your first dose because Siponimod can initially cause your heart rate to slow down (it will recover in 1 month).
DOSE & TITRATION	<ul style="list-style-type: none"> Siponimod can lower your heart rate when first started. This effect gets smaller with repeated doses and should return to normal after 2-4 weeks of continuous dosing. Once you have completed all the necessary pre-tests and labs, you will be provided a starter pack with instructions on how to increase your dose to the recommended target dose. Let your doctor know about ALL medications you are taking particularly <u>those that affect the heart rate</u>. You may need to stop these temporarily prior to starting Siponimod and whenever restarting. Your dose will be either 2 mg or 1 mg by mouth daily. Patients with certain genetic mutations may need a lower dose of Siponimod. <u>Check with your doctor before starting</u> that they have the results of your genetic test.

HOW IT IS GIVEN	<ul style="list-style-type: none"> Siponimod is taken every day at the same time of day with or without food. It is very important that you do not forget to take this medication.
WHAT HAPPENS IF YOU MISS DOSES?	<ul style="list-style-type: none"> If you miss <u>any doses during your titration</u> you will need to start over. If you miss <u>more than 4 consecutive doses</u>, stop taking siponimod and contact your doctor. They will arrange for a new starter pack or a new FDO.
HOW IT IS SUPPLIED	 <ul style="list-style-type: none"> Siponimod 2 mg tablet Siponimod 0.25 mg tablet
STORAGE	<ul style="list-style-type: none"> Siponimod may be kept at room temperature. Keep the medication away from direct sunlight, extreme heat, or cold.
SIDE EFFECTS	<ul style="list-style-type: none"> COMMON: <ul style="list-style-type: none"> Slowed heart rate (when starting; usually resolves after 1 month) Increased blood pressure Abnormal liver tests (usually temporary) Low white blood cells SERIOUS, BUT RARE: <ul style="list-style-type: none"> AV block and bradyarrhythmia (dangerously low heart rate) Infections, including viruses like chicken pox, shingles and fungal infections Progressive multifocal leukoencephalopathy (PML), a rare brain infection that can occur and usually leads to death or severe disability <ul style="list-style-type: none"> ⇒ Call your doctor right away if you have new or worsening medical problems that last several days or problems with thinking, eye sight, strength, balance, weakness on 1 side of the body, or using your arms and legs Vision problems called macular edema (higher risk if you have a history of diabetes or inflammation of your eye called uveitis) Skin cancer (basal cell carcinoma) Liver damage
DRUG INTERACTIONS	<ul style="list-style-type: none"> Avoid taking with medicines that can change your heart rhythm or heart rate. Some seizure medications (Carbamazepine) and antifungal medicines can strongly interact with Siponimod. Live or live-attenuated vaccines should be avoided during treatment with Siponimod as their safety for MS is unclear. Siponimod may decrease the effectiveness of vaccines. <u>Talk to your doctor before starting any new medications.</u>
MONITORING	<ul style="list-style-type: none"> You will need a repeat complete blood count and liver tests at 3, 6, 9, and 12 months for the first year, then every 6 months to 1 year You will need a brain MRI with and without contrast at 6 months Your doctor may request a yearly skin exam with a dermatologist Tell your doctor if you notice <u>any changes to your vision</u>
MORE INFORMATION	<ul style="list-style-type: none"> Websites: www.nationalmssociety.org, www.mayzent.com Clinical Trials: <ul style="list-style-type: none"> Kappos L, et al. Lancet. 2018; 391(10127):1263-1273.

This information is for educational purposes only and is not intended to replace the advice of your doctor or health care provider. We encourage you to discuss with your doctor any questions or concerns you may have.