Mass General Brigham
Health Plan

Zeposia® (ozanimod)
Effective 01/01/2022

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Zeposia is indicated for:

1. The treatment of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.
2. Treatment of moderately to severely active ulcerative colitis in adults.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving and are stable on Zeposia for an FDA approved indication excluding when the product is obtained as samples oafr via manufacturer's patient assistance program.

OR

Approval will be granted if the member meets the following diagnosis specific criteria:

Multiple Sclerosis

1. Adult members with a diagnosis of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease.

Ulcerative Colitis

1. Member has a documented diagnosis of moderately to severely active ulcerative colitis
2. Member is 18 years of age or older
3. Member has had intolerance, inadequate response, or contraindication to ONE conventional therapy (see Appendix A)
4. Member has had intolerance, inadequate response, or contraindication to Humira AND Stelara

Continuation of Therapy

Reauthorization requires physician attestation of continuation of therapy and positive response to therapy.

Limitations

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

Zeposia capsule	30 capsules per 30 days
Zeposia Starter pack	1 pack

3. For ALL indications, member must have a pretreatment tuberculosis (TB) screening with a TB skin test or an interferon gamma release assay (e.g., QFT-GIT, T-SPOT.TB). *
    a. Note: * Members who have received Humira or any other biologic DMARD or targeted synthetic DMARD (e.g., Xeljanz) are exempt from requirements related to TB screening in this Policy

Appendices

Examples of Conventional Therapy Options for UC

1. Mild to moderate disease – induction of remission:
    a. mesalamine (e.g., Asacol, Asacol HD, Lialda, Pentasa)
    b. Rectal mesalamine (e.g., Canasa, Rowasa)
    c. Alternatives: azathioprine, mercaptopurine, sulfasalazine
2. Mild to moderate disease – maintenance of remission:
    a. Oral mesalamine, rectal mesalamine
    b. Alternatives: azathioprine, mercaptopurine, sulfasalazine
3. Severe disease – induction of remission:
    a. Sulfasalazine
    b. Severe disease – maintenance of remission:
4. Azathioprine, mercaptopurine
    a. Alternative: sulfasalazine
5. Pouchitis: rectal mesalamine

References

1. Zeposia (ozanimod) [prescribing information]. Summit, NJ: Celgene Corporation; May 2021.

Review History

11/17/2021 – Created and Reviewed Nov P&T. Effective 01/01/2022.