

Zeposia® (ozanimod)
Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
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 or via manufacturer's patient assistance program.

OR

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

Multiple Sclerosis

1. Diagnosis of relapsing forms of multiple sclerosis, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease.
2. Member is 18 years of age or older

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, Rinvoq 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

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.

03/15/2023 – Reviewed and Updated for March P&T; added Rinvoq as a preferred agent along with Humira and Stelara for Ulcerative Colitis. Effective 6/1/2023

11/15/2023 – Reviewed and Updated for November P&T; removed TB requirement. Clarified adult members for Multiple sclerosis. Effective 1/1/24.

