

Zeposia® (ozanimod)
Effective 12/01/2024

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
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Zeposia (ozanimod) is a sphingosine 1-phosphate receptor modulator indicated for the treatment of:

1. 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 within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program.

OR

Approval will be granted when all the following diagnosis-specific criteria are met:

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 diagnosis of moderately to severely active ulcerative colitis
2. ONE of the following:
 - a. Greater than 6 stools per day
 - b. Frequent blood in stools
 - c. Frequent urgency
 - d. Presence of ulcers
 - e. Abnormal lab values (e.g., hemoglobin, ESR, CRP)
 - f. Dependent on, or refractory to, corticosteroids
3. Member has had intolerance, inadequate response, or contraindication to ONE of the following

conventional therapies:

- a. 6-mercaptopurine
 - b. Aminosalicylate (e.g., mesalamine, olsalazine, sulfasalazine)
 - c. Azathioprine
 - d. Corticosteroids (e.g., prednisone)
4. Trial and failure, contraindication, or intolerance to TWO of the following:
- a. Humira, Hadlima, adalimumab-adaz, adalimumab-fjkg
 - b. Rinvoq
 - c. Simponi
 - d. Skyrizi
 - e. Stelara
 - f. Xeljanz/XR

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

References

1. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis. *Gastroenterol.* 2020;158:1450-1461.
2. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. *Am J Gastroenterol.* 2019;114:384-413.
3. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. *Am J Gastroenterol.* 2019;114:384-413.
4. Zeposia (ozanimod) [prescribing information]. Summit, NJ: Bristol-Myers Squibb Company; June 2024.

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.

09/11/2024 – Reviewed and updated for September P&T. Removed “documented” from the UC diagnosis requirement. Removed age requirement from UC criteria. Added presentation requirements for UC diagnosis and specified the conventional therapies to be tried and failed. Updated the biologic step through requirements for UC. Effective 12/01/2024.

10/09/2024 – Reviewed and updated at October P&T. Updated ulcerative colitis criteria conventional therapy requirement to remove documentation requirement. Effective 12/1/2024.

