Mass General Brigham
Health Plan

Zeposia (ozanimod)
Effective 07/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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		
	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

Moderately to Severely Active Ulcerative Colitis

1. Diagnosis of moderately to severely active ulcerative colitis
2. ONE of the following:
    a. Member has had intolerance, inadequate response, or contraindication to ONE of the following conventional therapies:
        i. 6-mercaptopurine
        ii. Aminosalicylate (e.g., mesalamine, olsalazine, sulfasalazine)
        iii. Azathioprine
        iv. Corticosteroids (e.g., prednisone)
    b. Disease severity warrants systemic biologic as first-line therapy

3. Trial and failure, contraindication, or intolerance to TWO of the following:
    a. Humira (Abbvie), Hadlima, adalimumab-adaz, adalimumab-fjkp, Amjevita (Nuvaila)
    b. Omvoh
    c. Rinvoq
    d. Simponi
    e. Skyrizi
    f. Stelara, Wezlana
    g. Tremfya
    h. Xeljanz/XR

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation is submitted supporting improvement in member's condition as evidenced by low disease activity or improvement in signs and symptoms of the condition

Limitations

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

Drug Name and Dosage Form	Quantity Limitation
Zeposia capsule	1 capsule per day
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; August 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. Effective 12/1/2024: updated ulcerative colitis criteria conventional therapy requirement to remove documentation requirement. Effective 1/1/2025: updated ulcerative colitis criteria to include Amjevita (Nuvaila) as a preferred adalimumab product and included Omvoh and Wezlana as preferred biologic step options. Added Tremfya as a biologic step option for ulcerative colitis. Updated reauthorization criteria to require documentation of clinical improvement.

05/14/2025 – Reviewed and updated at May P&T. Updated criteria for ulcerative colitis to remove disease characteristic requirement and allow for approval if disease severity warrants systemic biologic as first-line therapy. Effective 07/1/2025.