

**Zeposia (ozanimod)**  
**Effective 01/01/2026**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	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, Simlandi, Yuflyma
  - b. Omvoh

- c. Rinvoq
- d. Simponi
- e. Skyrizi
- f. Selarsdi, Steqeyma, Yesintek
- g. Tremfya
- h. Velsipity
- i. Xeljanz/XR

### **Continuation of Therapy**

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

#### **Multiple Sclerosis:**

1. Documentation member is experiencing disease stability or improvement with the requested medication

#### **Ulcerative Colitis:**

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. 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.

06/11/2025 – Reviewed and updated for June P&T. Added Velsipity as a previous trial option for ulcerative colitis. Effective 09/01/2025.

07/09/2025 – Reviewed and updated for July P&T. Updated reauthorization criteria for multiple sclerosis. Effective 09/01/2025.

09/10/2025 - Reviewed and updated at September P&T. Added Yesintek as an Ustekinumab trial option. Effective 10/15/2025.

10/08/2025 – Reviewed and updated at October P&T. Updated policy to reflect that Selarsdi, Steqeyma and Yesintek are the preferred Ustekinumab trial options. Updated policy to reflect that Humira, Hadlima, Simlandi and Yuflyma are the preferred adalimumab trial options. Effective 01/01/2026.

