



**Zeposia® (ozanimod)**  
Effective 01/01/2022

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

**Overview**

**FDA approved indications:**

**Clinically Isolated Syndrome (CIS):** Zeposia®

**Relapse-remitting MS (RRMS) and Active Secondary-progressive MS (SPMS)\*:** Zeposia®

**Ulcerative colitis, Moderate-to-Severe,:** Zeposia®

No PA	PA required
	Zeposia® (ozanimod)

**Coverage Guidelines**

Authorizations requests will be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

**Clinically Isolated Syndrome (CIS), Relapse-remitting Multiple Sclerosis (RRMS), Active Secondary-Progressive MS (SPMS)\***

Prescriber provides documentation of ALL of the following:

1. Appropriate diagnosis
2. The prescriber is a neurologist or medication is being prescribed in consultation with a neurologist
3. Provider documents medical necessity for use of Zeposia instead of Gilenya



4. Paid claim or physician documentation of inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following disease modifying multiple sclerosis agents:
    - a. Aubagio<sup>®</sup> (teriflunomide)
    - b. glatiramer acetate therapy
    - c. interferon therapy
    - d. Ocrevus<sup>®</sup> (ocrelizumab)
    - e. Tecfidera<sup>®</sup> (dimethyl fumarate) or Vumerity<sup>®</sup> (diroximel fumarate)
  5. Quantity requested is  $\leq 1$  unit/day
- \*For requests that document SPMS, active disease must be confirmed.

### **Moderate-to-severe Ulcerative colitis**

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. Prescriber is a gastroenterologist or consult notes from a gastroenterology office are provided
3. Member meets **ONE** of the following:
  - a. Paid claims or physician attestation of inadequate response or adverse reaction to **ONE** anti-TNF agent that is FDA-approved for ulcerative colitis
  - b. Contraindication to **ALL** anti-TNF agents
4. The member has had inadequate response, adverse reaction, or contraindication to Entyvio<sup>®</sup>
5. Appropriate dosing
6. Member is not currently receiving concomitant therapy with immunomodulators or biologic agents
7. Quantity requested is  $\leq 1$  unit/day

### **Continuation of Therapy**

- For RRMS: Reauthorization requires physician attestation of continuation of therapy and positive response to therapy.
- For SPMS: Reauthorization requires physician attestation of active disease, continuation of therapy and positive response to therapy.
- For CIS: Reauthorization will be evaluated on a case by case basis
- For Ulcerative Colitis: 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 <sup>®</sup> (ozanimod) 7-day starter pack	1 pack
Zeposia <sup>®</sup> (ozanimod) Starter kit	1 pack
Zeposia <sup>®</sup> (ozanimod) 0.92mg	30 capsules per 30 days

### **References**

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

### **Review History**

11/17/2021 – Created and Reviewed Nov P&T; Zeposia removed from Multiple sclerosis criteria and added to own criteria for multiple sclerosis and ulcerative colitis. Matched MH UPPL for 1/1/2022 implementation. Effective 01/01/2022



**Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.