

### 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®

**Coverage Guidelines**

Authorization 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

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**Specialty Medications**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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<tbody>
<tr>
<td>☐ MassHealth</td>
<td>☑ Prior Authorization</td>
</tr>
<tr>
<td>☒ MassHealth (PUF)</td>
<td>☑ Quantity Limit</td>
</tr>
<tr>
<td>☐ Commercial/Exchange</td>
<td>☑ Step Therapy</td>
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</tbody>
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**Specialty Limitations**

This medication has been designated specialty and must be filled at a contracted specialty pharmacy.

**Contact Information**

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
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<tbody>
<tr>
<td><strong>Specialty Medications</strong></td>
<td><strong>Non-Specialty Medications</strong></td>
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<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
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<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
</tr>
<tr>
<td>Medical Specialty Medications (NLX)</td>
<td>Medical Specialty Medications (NLX)</td>
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<tr>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
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**Exceptions**

N/A
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® (teriflunomide)
   b. glatiramer acetate therapy
   c. interferon therapy
   d. Ocrevus® (ocrelizumab)
   e. Tecfidera® (dimethyl fumarate) or Vumerity® (diroximel fumarate)
5. Quantity requested is ≤ 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®
5. Appropriate dosing
6. Member is not currently receiving concomitant therapy with immunomodulators or biologic agents
7. Quantity requested is ≤ 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® (ozanimod) 7-day starter pack | 1 pack |
| Zeposia® (ozanimod) Starter kit | 1 pack |
| Zeposia® (ozanimod) 0.92mg | 30 capsules per 30 days |

References

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
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