MEDICATION POLICY:
Zeposia®

Generic Name: Ozanimod

Therapeutic Class or Brand Name: Zeposia®

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 1/1/2022

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I are met)

I. Documented diagnosis of one of the following conditions A through B AND must meet criteria listed under applicable diagnosis:

   A. Relapsing form of multiple sclerosis, including relapsing-remitting disease (RRMS), or active secondary progressive disease (SPMS), OR an indication noted in the individual medication specific criteria listed in table1 of the multiple sclerosis medication policy and meets criteria 1:

      1. Meets all specified criteria outlined in the Multiple Sclerosis medication policy.

   B. Moderately to severely active ulcerative colitis and criteria 1 through 3 are met:

      1. Patient meets at least one of the treatment criteria a through c:

         a) Documented clinically significant treatment failure or contraindication with an appropriate course of corticosteroids (e.g., oral prednisone 40 – 60 mg daily, oral budesonide 9 mg daily, or budesonide rectally with a course duration of at least 7 days.

         b) Documentation the patient is unable to taper an appropriate course of corticosteroids without disease worsening.

         c) Documentation patient is stabilized for at least 8 weeks on conventional therapy (e.g., azathioprine, balsalazide, cyclosporin, mercaptopurine, mesalamine, and sulfasalazine) and is experiencing active disease fares.

      2. Treatment must be prescribed by or in consultation with a gastroenterologist.

      3. Minimum age requirement: 18 years old.

      4. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to preferred product(s).

EXCLUSION CRITERIA

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OTHER

Quantity / Days Supply Restrictions

- One 7-day capsule starter pack containing: (4) 0.23 mg ozanimod capsules and (3) 0.46 mg capsules, then 0.92 mg per day. The quantity limit is a maximum of 30-day supply per fill.

Approval Length

- **Authorization:** 4 months.
- **Re-Authorization:** 1 year, with an updated letter of medical necessity or progress notes showing Improvement or maintenance with medication.

Appendix

Click or tap here to enter text.

References

1. Rubin DT, et. al, ACG Clinical Guideline Ulcerative Colitis in Adults. Am J Gastroenterol. 2019 Mar;114(3):384-413. doi: 10.14309/ajg.0000000000000152. Available at: https://journals.lww.com/ajg/Fulltext/2019/03000/ACG_Clinical_Guideline__Ulcerative_Colitis_in.10.aspx
2. Medispan®
3. Zeposia® [Package Insert]. Summit, NJ: Celgene. December 2021. Available at: https://packageinserts.bms.com/pi/pi_zeposia.pdf.