

Ozanimod (Zeposia)

Coverage Criteria:

Initial Authorizations for Multiple Sclerosis:

Zeposia is reserved for patients meeting the following criteria:

1. Patient has diagnosis of multiple sclerosis; and,
2. Patient has had an inadequate response to at least two preferred alternatives for multiple sclerosis.

Initial Authorizations for Ulcerative Colitis:

Zeposia is reserved for patients meeting the following criteria:

1. Prescribed and followed by Gastroenterology; and,
2. Patient has a diagnosis of ulcerative colitis; and,
3. Patient is using the requested biologic medication as first line therapy for severe disease (as defined by the ACG guidelines); or,
4. Patient has breakthrough disease or trial and failure or contraindications to use of at least two of the systemic regimens below for at least 12 weeks:
 - a. Sulfasalazine 4-6 gram daily
 - b. Mesalamine 2-4.8 gram daily
 - c. Balsalazide 6.75 grams
 - d. Corticosteroid regimens:
 - i. Prednisone 40-60 mg daily
 - ii. Oral budesonide 9 mg daily
 - iii. Budesonide rectal; OR
 - e. Azathioprine 1.5-2.5 mg/kg daily
 - f. 6-mercaptopurine 1-1.5 mg/kg dailyand,
5. Patient has tried and failed or has medical contraindications to all preferred Step 1 and Step 2 medications for ulcerative colitis (e.g., Humira, Stelara, Rinvoq)¹. Failure is defined as using the FDA-approved regimen for a duration of at least 3 months with insufficient improvement in disease activity, documented in the medical record.

Coverage Duration:

Approvals will be granted for a 12 months duration.

Renewal Criteria:

1. Patient continues to meet the criteria above; and,
2. Patient has been seen within the past 14 months by the prescribing specialist; and,
3. Documentation that the medication continues to be effective has been submitted.

¹ A comprehensive list of preferred Step 1 and Step 2 medications are outlined in the Biologics for Chronic Inflammatory Diseases Criteria and are subject to change.