



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

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| Program Number | 2021 P 1375-1 |
| Program | Prior Authorization/Notification |
| Medication | Zeposia [®] (ozanimod) |
| P&T Approval Date | 12/2021 |
| Effective Date | 2/1/2022; Oxford only: N/A |

1. Background:

Zeposia[®] (ozanimod) is a sphingosine 1-phosphate receptor modulator indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults and moderately to severely active ulcerative colitis (UC) in adults.

2. Coverage Criteria:

A. Multiple Sclerosis

1. Authorization

a. **Zeposia** will be approved based on the following criterion:

- (1) Diagnosis of multiple sclerosis (MS)

Authorization will be issued for 12 months.

B. Ulcerative Colitis

1. Initial Authorization

a. **Zeposia** will be approved based on **both** of the following criteria:

- (1) Diagnosis of moderately to severely active ulcerative colitis

-AND-

- (2) Patient is not receiving Zeposia in combination with **either** of the following:

- (a) Biologic DMARD [e.g., Humira (adalimumab), Simponi (golimumab), Stelara (ustekinumab)]
- (b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]

Authorization will be issued for 12 months.

2. Reauthorization

a. **Zeposia** will be approved based on **both** of the following criteria:

(1) Documentation of positive clinical response to Zeposia therapy

-AND-

(2) Patient is not receiving Zeposia in combination with **either** of the following:

(a) Biologic DMARD [e.g., Humira (adalimumab), Simponi (golimumab), Stelara (ustekinumab)]

(b) Janus kinase inhibitor [e.g., Xeljanz (tofacitinib)]

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits and/or Step Therapy may be in place.

4. References:

1. Zeposia [package insert]. Summit, NJ: Cellegene Corporation; May 2021.

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| Program | Prior Authorization/Notification – Zeposia (ozanimod) |
| Change Control | |
| 12/2021 | New program. |