PREFERRED SPECIALTY MANAGEMENT POLICY

POLICY: Multiple Sclerosis and Ulcerative Colitis – Zeposia Preferred Specialty Management Policy for National Preferred, High Performance, and Basic Formularies
- Zeposia® (ozanimod capsules – Celgene/Bristol Myers Squibb)

REVIEW DATE: 11/08/2023; selected revision 11/22/2023, 01/24/2024, 02/28/2024, 04/24/2024, 05/08/2024

OVERVIEW

Zeposia, a sphingosine 1-phosphate receptor modulator, is indicated for the following uses:[1]
- **Relapsing forms of multiple sclerosis**, to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease in adults.
- **Ulcerative colitis**, in adults with moderately to severely active disease.

For more information on criteria within a Prior Authorization program by specific condition, refer to the standard *Multiple Sclerosis and Ulcerative Colitis – Zeposia Prior Authorization Policy*.

Preferred and Non-Preferred Products.[¥]

[¥] For Non-Preferred Adalimumab Products, refer to the *Inflammatory Conditions – Adalimumab Products Preferred Specialty Management Policy for National Preferred, High Performance, and Basic Formularies* or the Choice version of that policy. Note that adalimumab-adaz, adalimumab-adbm, and Simlandi/adalimumab-ryvk are Non-Preferred for some plans; [^] A trial of more than one adalimumab product counts as ONE Preferred Product; SC – Subcutaneous.

POLICY STATEMENT

The Inflammatory Conditions program has been developed to encourage the use of the Preferred Products. For all medications, this program requires the patient to meet the respective standard *Prior Authorization Policy* criteria. Additionally, this program requires trial(s) of the Preferred Product(s) according to the table above, when clinically appropriate, prior to the approval of the Non-Preferred Products. There are also situations when trials of Non-Preferred Products will be considered; see criteria below. Other details of the program are as follows:

- **Continuation of Therapy:** Approval for a patient continuing therapy with a **Non-Preferred** (subcutaneous or oral) Product must be supported with verification, noted in the criteria as either **[verification in prescription claims history required]** or, if not available, as **[verification by prescriber required]**.
  - If the patient has at least 130 days of prescription claims history on file, claims history must support that the patient has received the Non-Preferred Product for the specified period of time (90 or 120 days) within a 130-day look-back period; OR
  - When 130 days of the patient's prescription claim file is unavailable for verification, the prescriber must verify that the patient has been receiving the Non-Preferred Product for a specified period of time (90 or 120 days), AND that the patient has been receiving the Non-Preferred Product via paid claims (e.g., patient has not been receiving samples or coupons or other types of waivers in order to obtain access to the Non-Preferred Product).
  - For a patient continuing therapy, other conditions may also apply. Refer to criteria below.
  - **Approval Duration:** All approvals for continuation of therapy for Preferred and Non-Preferred Products are provided for 1 year unless noted otherwise below. In cases where the initial approval is authorized in months, 1 month is equal to 30 days.

Automation: None.

RECOMMENDED EXCEPTION CRITERIA

REFERENCES

1. Zeposia® capsules [prescribing information]. Princeton, NJ: Celgene/Bristol Myers Squibb; August 2023.