Zeposia (ozanimod)

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Zeposia drug policy is to ensure appropriate selection of patients for therapy based on product labeling, clinical guidelines and clinical studies while steering utilization to the most cost-effective medication within the therapeutic class. For members diagnosed with Multiple Sclerosis, Betaseron, Copaxone, generic dimethyl fumarate, generic fingolimod, glatiramer acetate, Glatopa, Kesimpta, Mayzent, Ponvory, Rebif, generic teriflunomide, Vumerity, and Zeposia are the preferred products. The criteria will require the use of the health plan's preferred products for multiple sclerosis* (Betaseron, Copaxone, generic dimethyl fumarate, generic fingolimod, glatiramer acetate, Glatopa, Kesimpta, Mayzent, Ponvory, Rebif, generic teriflunomide, Vumerity, and Zeposia) before the use of targeted product* (brand Aubagio, Bafiertam, Extavia, brand Gilenya, Tascenso ODT, and brand Tecfidera) unless there are clinical circumstances that exclude the use of the preferred products. The program also considers Ocrevus and Tysabri** preferred products. The criteria will require the use of the health plan's preferred products for multiple sclerosis, Ocrevus and Tysabri**, before the use of a targeted product, Briumvi or Lemtrada. Avonex, Mavenclad, and Plegridy, are excluded from the preferred multiple sclerosis* product requirements.

*For policies regarding aforementioned multiple sclerosis agents, please refer to the Multiple Sclerosis policy.
**For policy regarding Tysabri, please refer to the Tysabri policy

FDA-Approved Indications

Zeposia (ozanimod) is a sphingosine 1-phosphate receptor modulator indicated for the treatment of:

1. Treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults.
2. Treatment of moderately to severely active ulcerative colitis (UC) in adults.

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

A. Ulcerative colitis (UC)
   Continuation requests: Chart notes or medical record documentation supporting positive clinical response to therapy or remission.

Prescriber Specialties

Medication must be prescribed by or in consultation with a neurologist, gastroenterologist, or other provider specializing in the management of ulcerative colitis or multiple sclerosis, when applicable.

Preferred Drug Plan Design

Must meet BOTH the Preferred Drug Plan Design and Criteria for Initial Approval/Continuation of Therapy when both are applicable.

Ulcerative Colitis

Criteria for initial approval for the treatment of moderately to severely active ulcerative colitis with Zeposia will only apply when at least ONE of the following criteria are met:

a. Member has had an inadequate response to treatment or intolerable adverse event with at least TWO of the preferred products (Humira, Rinvoq, Stelara, and Xeljanz/Xeljanz XR).
b. Member is currently receiving therapy with Zeposia, excluding when Zeposia is obtained as samples or via manufacturer's patient assistance programs, and experiencing a positive therapeutic outcome.

Criteria for Initial Approval

A. Relapsing Forms of Multiple Sclerosis

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

B. Clinically Isolated Syndrome

Authorization of 12 months may be granted to members for the treatment of clinically isolated syndrome of multiple sclerosis.

C. Ulcerative Colitis

Authorization of 12 months may be granted for adult members for the treatment of moderately to severely active ulcerative colitis.

Continuation of Therapy

A. Relapsing Forms of Multiple Sclerosis and Clinically Isolated Syndrome

Authorization of 12 months may be granted when the member is experiencing disease stability or improvement while receiving Zeposia.

B. Ulcerative Colitis

1. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain remission.
2. Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline:
   i. Stool frequency
   ii. Rectal bleeding
   iii. Urgency of defecation
   iv. C-reactive protein (CRP)
   v. Fecal calprotectin (FC)
   vi. Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
   vii. Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score)

Other

A. For all indications: Zeposia will not be used concomitantly with immunomodulators, biologic drugs, targeted synthetic drugs, or disease modifying multiple sclerosis agents (Note: Ampyra and Neudexta are not disease modifying).
B. For multiple sclerosis: authorization may be granted for pediatric members less than 18 years of age when benefits outweigh risks.

Zeposia (ozanimod) is considered **not medically necessary** for patients who do not meet the criteria set forth above.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits

Trade Name	Generic Name	Quantity Limit
Zeposia	ozanimod	Initiation of therapy: 1 starter pack (4- 0.23 mg capsules and 3-0.46 mg capsules) per first 7 days or 1 starter kit (4- 0.23 mg capsules, 3-0.46 mg capsules, and 21- 0.92 mg capsules) per first 28 days Maintenance: 30- 0.92 mg capsules per 30 days

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- N/A

REFERENCES

- Zeposia [package insert]. Summit, NJ: Celgene Corporation; April 2022.
- The Multiple Sclerosis Coalition. *The use of disease-modifying therapies in multiple sclerosis: principles and current evidence.* http://www.nationalmssociety.org/getmedia/5ca284d3-fc7c-4ba5-b005-ab537d495c3c/DMT_Consensus_MS_Coalition_color. Accessed October 01, 2019.
- Talley NJ, Abreu MT, Achkar J, et al. An evidence-based systematic review on medical therapies for inflammatory bowel disease. Am J Gastroenterol. 2011;106(Suppl 1):S2-S25.
- Lichtenstein GR, Loftus Jr EV, Isaacs KI, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. Am J Gastroenterol. 2018;113:481-517.
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- Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. Gastroenterology 2020; 158:1450-1461.
- Feuerstein JD, Ho EY, Shmidt E, et al. AGA Clinical Practice Guidelines on the Medical Management of Moderate to Severe Luminal and Perianal Fistulizing Crohn's Disease. Gastroenterology 2021; 160: 2496- 2508.

POLICY HISTORY

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