



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

OZANIMOD

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
OZANIMOD	ZEPOSIA	46431		GPI-10 (6240705020)	

GUIDELINES FOR USE

- Does the patient have a diagnosis of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient had a previous trial of ONE sphingosine-1-phosphate receptor modulator (e.g. Gilenya, Mayzent) **AND** any ONE agent indicated for the treatment of multiple sclerosis (MS)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **OZANIMOD (Zeposia)** requires the following rule(s) be met for approval:

- You have a relapsing form of multiple sclerosis (type of disease where body attacks its own nerves and symptoms return after treatment) to include clinically isolated syndrome (occurs once), relapsing-remitting disease (periods of symptoms and no symptoms), and active secondary progressive disease (advanced disease)
- You are 18 years of age or older
- You had a previous trial of ONE sphingosine-1-phosphate receptor modulator (such as Gilenya or Mayzent) **AND** any ONE agent indicated for the treatment of multiple sclerosis (**Please note:** Other multiple sclerosis agents may also require prior authorization)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Zeposia.

REFERENCES

Zeposia [Prescribing Information]. Summit, NJ: Celgene Corporation, March 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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Client Approval: 01/20

P&T Approval: 01/20