ZEPOSIA® (ozanimod)

Prescriber's Checklist

Ireland

Version 3.0

Important points to remember about ozanimod before, during and after treatment.

Reporting of suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance at www.hpra.ie.

When reporting please provide as much information as possible, including information about medical history, any concomitant medication, onset, treatment dates, and product brand name.

Adverse reactions and pregnancies should also be reported to Bristol-Myers Squibb Medical Information on:
Tel: 1 800 749 749
Email: medical.information@bms.com

An electronic copy of the educational materials can be viewed or downloaded from the Irish medicines compendium via www.medicines.ie (enter 'Zeposia' or 'ozanimod' in the 'Search' box, click on the required medicine, and then click on the 'Ed Material' tabs) or www.hpra.ie (enter 'Zeposia' or 'ozanimod' in the 'Find a medicine' search box and click on 'EdM' next to any of the medicines that appear). To obtain hard copies of this document, or if you have any questions or require further information please contact Bristol-Myers Squibb Medical Information on:
Tel: 1 800 749 749
Email: medical.information@bms.com

Healthcare professionals using this Prescriber's Checklist should also refer to the ozanimod Summary of Product Characteristics, which can be viewed or downloaded from the Irish medicines compendium via www.medicines.ie (enter 'Zeposia' or 'ozanimod' in the 'Search' box, click on the required medicine, and then click on 'SPC') or www.hpra.ie (enter 'Zeposia' or 'ozanimod' in the 'Find a medicine' search box and click on 'EMA' next to any of the medicines that appear. Once the European Medicines Agency (EMA) page for Zeposia opens up, navigate to the 'Product Information' section on this page).

This risk minimisation material fulfils the conditions of the marketing authorisation for ozanimod and has been approved by the Health Products Regulatory Authority (HPRA).

Bristol Myers Squibb®

Date of preparation: April 2025
2084-GB-2500016
Approved by HPRA: June 2025

Ozanimod Prescriber's Checklist

Patient identification	Prescriber details
Name:	Name: Signature: Date:

Prior to treatment

Contraindications

Ozanimod is contraindicated in patients with the following:

- Immunodeficient state predisposing to systemic opportunistic infections;
- Severe active infections;
- Active chronic infections such as hepatitis and tuberculosis;
- Active malignancies;
- Severe hepatic impairment (Child-Pugh class C);
- Patients who in the last 6 months experienced myocardial infarction (MI), unstable angina, stroke, transient ischaemic attack (TIA), decompensated heart failure requiring hospitalisation or New York Heart Association (NYHA) Class III/IV heart failure;
- History or presence of second-degree Mobitz type II AV block or third-degree AV block or sick sinus syndrome unless the patient has a functioning pacemaker;
- Pregnancy and in women of childbearing potential not using effective contraception;
- Hypersensitivity to the active substance or to any of the excipients.

☐ I confirm that none of these contraindications are applicable to this patient.

☐ Consult a cardiologist before initiating treatment to determine if ozanimod can safely be initiated and to determine the most appropriate monitoring strategy, when initiating ozanimod in patients with:

- History of cardiac arrest, cerebrovascular disease, uncontrolled hypertension, or severe untreated sleep apnoea, history of recurrent syncope or symptomatic bradycardia;
- Pre-existing significant QT interval prolongation (QTc greater than 500 msec) or other risks for QT prolongation, and patients on medicinal products other than beta-blockers and calcium-channel blockers that may potentiate bradycardia;
- Current class IA (e.g. quinidine, disopyramide) or class III (e.g. amiodarone, sotalol) antiarrhythmic medicinal products.

☐ I confirm that a cardiology consult is not applicable to this patient.

- Caution should be taken when initiating ozanimod in patients taking medicines known to decrease heart rate.

☐ Perform baseline electrocardiogram (ECG) to determine whether any pre-existing cardiac abnormalities are present.

☐ Check recent (within 6 months) liver function test results for transaminase and bilirubin levels.

☐ Check recent (within 6 months or after discontinuation of prior therapy) full blood cell count (FBC) results, including absolute lymphocyte count.

☐ Check varicella zoster virus (VZV) antibody status in patients without a healthcare professional confirmed history of varicella or documentation of a full course of varicella vaccination. If negative, VZV vaccination is recommended at least 1 month prior to treatment initiation with ozanimod.

☐ Arrange an ophthalmological assessment before starting ozanimod treatment in patients with diabetes mellitus, uveitis or a history of retinal disease.

Or:

☐ I confirm that an ophthalmological assessment is not applicable for this patient.

☐ I confirm a negative pregnancy test result in women of childbearing potential prior to starting treatment.

Or:

☐ I confirm that a pregnancy test is not applicable to this patient.

☐ Delay treatment initiation in patients with any severe active infection until the infection is resolved.

☐ Provide all patients/caregivers with the Patient/Caregiver Guide, and with the Patient Card if appropriate.

Initiation of treatment (including re-initiation criteria)

Initiation of ozanimod may result in transient reductions in heart rate therefore initiate treatment with a titration pack that lasts for 7 days.

- Days 1 – 4: 0.23 mg once daily
- Days 5 – 7: 0.46 mg once daily
- Days 8 and thereafter: 0.92 mg once daily.

Patients with mild or moderate chronic hepatic impairment (Child-Pugh class A or B) are recommended to complete the 7-day dose escalation regimen and then take 0.92 mg once every other day.

Re-initiation of therapy following treatment interruption

Use the same dose escalation regimen as initial treatment when treatment is interrupted for:

- 1 day or more during the first 14 days of treatment;
- More than 7 consecutive days between Day 15 and Day 28 of treatment;
- More than 14 consecutive days after Day 28 of treatment.

If the treatment interruption is of shorter duration than the above, continue treatment with the next dose as planned.

Date of preparation: April 2025
2084-GB-2500016

Ozanimod Prescriber's Checklist

During and after treatment
This advice on routine cardiac monitoring may be modified following cardiologist advice for selected patients defined above (refer to the 'Prior to treatment' section for guidance on seeking cardiologist consultation). **First Dose Monitoring** **First dose monitoring for 6 hours is required for certain patients** ☐ Patients with any of the following pre-existing conditions should be clinically monitored for symptomatic bradycardia with hourly heart rate and blood pressure recordings for 6 hours after the first dose: • Resting heart rate <55 bpm; • Second-degree (Mobitz type I) atrioventricular block; • A history of myocardial infarction or heart failure (see contraindications). An ECG should be done before the first dose and at the end of the 6-hour monitoring period. ☐ I confirm that first dose monitoring for 6 hours is not applicable. **Further monitoring after 6 hours is recommended in certain patients** ☐ Patients with any of the following conditions should be monitored beyond 6 hours: • Heart rate <45 bpm; • Heart rate is the lowest value post-dose, suggesting that the maximal decrease in heart rate may not have occurred yet; • New onset second-degree or higher atrioventricular block on the 6-hour post-dose ECG; • QTc interval ≥500msec. In these cases, appropriate management should be initiated and observation continued until the symptoms/signs have resolved. If medical treatment is required, monitoring should be continued overnight, and a 6-hour monitoring period should be repeated after the second dose of ozanimod. ☐ I confirm that further extended monitoring is not required for this patient.
Ozanimod reduces absolute blood lymphocyte counts. Complete blood cell count should be checked in all patients prior to initiation (refer to the 'Prior to treatment' section) and periodically during ozanimod treatment. Interrupt treatment if lymphocyte count is confirmed as < 0.2 x 10^9/L and the re-initiation of ozanimod can be considered if the level reaches > 0.5 x 10^9/L.

Ozanimod has an immunosuppressive effect that predisposes patients to a risk of infection, including opportunistic infections, and may increase the risk of developing malignancies, particularly those of the skin.
• Carefully monitor patients, especially those with concurrent conditions or known factors, such as previous antineoplastic non-corticosteroid immunosuppressive therapy. If this risk is suspected, consider discontinuation of treatment on a case-by-case basis;
• Delay treatment initiation in patients with any severe active infection until the infection is resolved;
• Consider interruption of treatment during serious infections;
• Anti-neoplastic, immunomodulatory, or non-corticosteroid immunosuppressive therapies should not be co-administered due to the risk of additive immune system effects;
• Vigilance for basal cell carcinoma and other cutaneous neoplasms is recommended;
  • Caution patients against exposure to sunlight without protection;
  • Ensure patients are not receiving concomitant phototherapy with UV-B-radiation or PUVA-photochemotherapy.

☐ Instruct patients to report signs and symptoms of infections promptly to their prescriber during and for up to 3 months after discontinuation of treatment with ozanimod.
• Perform prompt diagnostic evaluation in patients with symptoms of infection while receiving or within 3 months of stopping treatment with ozanimod;
• Be vigilant for clinical symptoms including unexpected neurological or psychiatric symptoms or MRI findings that may be suggestive of progressive multifocal leukoencephalopathy (PML);
  • If PML is suspected a complete physical and neurological examination (including the possibility of performing an MRI) should be performed and withhold treatment with ozanimod until PML has been excluded.
  • If PML is confirmed, discontinue treatment with ozanimod.
  – Immune reconstitution inflammatory syndrome (IRIS) has been reported in MS patients treated with S1P receptors modulators, who developed PML and subsequently discontinued treatment. The time to onset of IRIS in patients with PML was usually from weeks to months after S1P receptor modulator discontinuation. Monitoring for development of IRIS and appropriate treatment of the associated inflammation should be undertaken.

Avoid administration of live attenuated vaccines during and for 3 months after discontinuation of treatment with ozanimod.
Check liver function (transaminase and bilirubin levels) at months 1, 3, 6, 9 and 12 during ozanimod therapy and periodically thereafter.

Date of preparation: April 2025
2084-GB-2500016

Ozanimod Prescriber's Checklist

	Blood pressure should be regularly monitored during treatment with ozanimod.
	Patients who present with visual symptoms of macular oedema should be evaluated and, if confirmed, treatment with ozanimod should be discontinued. Patients with diabetes mellitus, uveitis or a history of retinal disease should have follow-up ophthalmological evaluations while receiving therapy.
	Pregnancy Prevention for Women of Childbearing Potential Ozanimod is a potential teratogen. It is contraindicated in pregnancy and in women of childbearing potential if they are not using effective contraception.
☐	I confirm that a pregnancy test and counselling on pregnancy precautions are not applicable to this patient.
	Or:
☐	Give the Patient Card to women of childbearing potential and use it to counsel them on the risk of teratogenicity.
☐	Advise women of childbearing potential that they must use effective contraception during treatment with ozanimod and for at least 3 months following treatment discontinuation.
☐	Counsel women of childbearing potential to stop ozanimod at least 3 months before planning a pregnancy.
☐	While on treatment, women must not become pregnant. If a woman becomes pregnant while on treatment, ozanimod must be discontinued. Medical advice should be given regarding the risk of harmful effects to the foetus associated with ozanimod treatment and ultrasonography examinations should be performed.
☐	Counsel women of childbearing potential about the possible return of disease activity when stopping ozanimod therapy due to pregnancy or planning a pregnancy.
☐	A negative pregnancy test result in women of childbearing potential must be confirmed at suitable intervals.

Date of preparation: April 2025
2084-GB-2500016
Approved by HPRA: June 2025