



## Commercial PA Criteria

**Effective: 6/23/2020**

**Prior Authorization:** Entyvio

**Products Affected:** Entyvio (vedolizumab subcutaneous and intravenous solution)

**Medication Description:** Entyvio subcutaneous, an integrin receptor antagonist, is indicated for treatment of ulcerative colitis, in adults with moderate to severe active disease who have received two induction doses with Entyvio intravenous

**Covered Uses:**

1. Moderate to severe ulcerative colitis

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried/failed

**Age Restrictions:** 18 years of age or older

**Prescriber Restrictions:** Must be prescribed by, or in consultation with a gastroenterologist.

**Coverage Duration:**

Initial: 6 months

Continuation: 1 year

**Other Criteria:**

**1. Ulcerative Colitis (Subcutaneous)** Approve for the duration noted if the patient meets the following:

Initial Therapy - Approve for 6 months if the patient meets ALL of the following (A **AND** B):

- A. According to the prescriber, the patient is currently receiving Entyvio intravenous or will receive induction dosing with Entyvio intravenous within 2 months of initiating therapy with Entyvio subcutaneous; **AND**

- B. Patient meets ONE of the following (i **OR** ii):

- i. Patient has had a trial of ONE systemic therapy; **OR**

*Note: Examples include 6-mercaptopurine, azathioprine, cyclosporine, tacrolimus, or a corticosteroid such as prednisone or methylprednisolone. A trial of a mesalamine product does not count as a systemic therapy for ulcerative colitis. A trial of a biologic also counts as a trial of one systemic agent for ulcerative colitis.*

- ii. Patient meets BOTH of the following [(1) **AND** (2)]:

1. Patient has pouchitis; **AND**
2. Patient has tried an antibiotic, probiotic, corticosteroid enema, or mesalamine enema;

*Note: Examples of antibiotics include metronidazole and ciprofloxacin. Examples of corticosteroid enemas include hydrocortisone enema.*

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- 2. Crohn's disease (Intravenous)** Approve for the duration noted if the patient meets the following:  
Initial Therapy. Approve for 6 months if the patient meets the following
- A. Documented moderate to severe disease; **AND**
  - B. Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g. azathioprine, 6-mercaptopurine, or methotrexate, etc.); **OR**
  - C. Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial on previous therapy with a TNF modifier such as adalimumab, golimumab, or infliximab
- 3. Ulcerative Colitis (Intravenous)** Approve for the duration noted if the patient meets the following:
- A. Documented moderate to severe disease; **AND**
  - B. Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of corticosteroids or immunomodulators (e.g. azathioprine, 6-mercaptopurine, or methotrexate); **OR**
  - C. Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial on previous therapy with a TNF modifier such as adalimumab, golimumab, or infliximab

### **Renewal**

**Patient is Currently Receiving Entyvio (Subcutaneous or Intravenous).** Approve for 1 year if the patient meets BOTH of the following (1 **AND** 2):

1. Patient has been established on Entyvio subcutaneous or intravenous for at least 6 months;  
*Note: A patient who has received < 6 months of **AND** therapy or who is restarting therapy with Entyvio subcutaneous or intravenous is reviewed under Initial Therapy*
2. Patient meets at least one of the following (a **OR** b):
  - a. When assessed by at least one objective measure, patient experienced a beneficial clinical response from baseline (prior to initiating the requested drug); **OR**  
*Note: Examples of assessment for inflammatory response include fecal markers (e.g., fecal calprotectin), serum markers (e.g., C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids.*
  - b. Compared with baseline (prior to initiating the requested drug), patient experienced an improvement in at least one symptom, such as decreased pain, fatigue, stool frequency, and/or decreased rectal bleeding.

### **References:**

1. Entyvio intravenous infusion [prescribing information]. Deerfield, IL: Takeda; June 2022.
2. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. *Am J Gastroenterol.* 2019;114(3):384-413.
3. Bressler B, Marshall JK, Bernstein CN, et al. Clinical practice guidelines for the medical management of nonhospitalized ulcerative colitis: the Toronto consensus. *Gastroenterology.* 2015;148(5):1035-1058.
4. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis. *Gastroenterology.* 2020;158(5):1450-1461.

### **Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/23/2020
2	Update	Clinical Criteria	Updated clinical criteria for Crohn's disease and Ulcerative Colitis to include trials with corticosteroids, immunomodulators (e.g. azathioprine, 6-mercaptopurine, or methotrexate, etc.) OR a TNF modifier such as adalimumab, certolizumab, or infliximab.	6/23/2020
3	Update	Transferred policy to new template	All	4/1/2022
4	Update	Annual Review	<p>Updated Length of Authorization: Removed "Coverage is provided for 12 months and may be renewed." Added "Coverage will be provided for 14 weeks initially and may be renewed every 6 months thereafter"</p> <p>Management of Immune Checkpoint Inhibitor related diarrhea/colitis ≠ Initial Criteria:</p> <p>Removed "Patient has diarrhea or colitis related to their immunotherapy; AND</p> <p>4. Documented moderate or severe disease; AND"</p> <p>Added "Patient has moderate (grade 2) to severe (grade 3-4) diarrhea or colitis related to their immunotherapy"</p>	7/5/2023
5	Update	Transfer to Pharmacy PA template (from medical template)	ALL	12/12/2023
6	Update	New Criteria and Renewal for Ulcerative Colitis Subcutaneous Injection	ALL	12/12/2023