Effective Date: 12/2017
Revised: 12/2018, 7/2019, 8/2020 Reviewed: 12/2017, 12/2018, 7/2019, 8/2020, 12/2020, 5/2021, 3/2022, 8/2023, 12/2023, 3/2024 Scope: Medicaid

ENTYVIO (vedolizumab)
Intravenous and Subcutaneous

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

A. Entyvio IV
    1. Adult patients with moderately to severely active ulcerative colitis (UC)
    2. Adult patients with moderately to severely active Crohn's disease (CD)
B. Entyvio SC
    1. Adult patients with moderately to severely active ulcerative colitis (UC)

Compendia Supported Indications

A. Entyvio IV
    1. Management of Immune Checkpoint Inhibitor related diarrhea/colitis

All other indications are considered experimental/investigational and are not a covered benefit.

III. DOCUMENTATION

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

A. Ulcerative colitis (UC)
1. Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response to therapy or remission.

B. Crohn's disease (CD)
1. Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.
2. Continuation requests: Chart notes or medical record documentation supporting positive clinical response to therapy or remission.

C. Management of Immune Checkpoint Inhibitor related diarrhea/colitis
1. Initial requests: Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

II. CRITERIA FOR INITIAL APPROVAL

For all indications:

1. Submission of the patient's chart or medical record is required, documenting medical necessity based on the criteria corresponding to the applicable indication;
2. Entyvio will not be used concomitantly with an injectable biologic response modifier including TNF-inhibitors (e.g., Humira (adalimumab), Enbrel (etanercept), Remicade (infliximab), etc.) and IL-inhibitors (e.g., Cosentyx (secukinumab),

Tremfya (guselkumab), Ilumya (tildrakizumab), Skyrizi (risankizumab), Bimzelx (bimekizumab), Omvoh (mirikizumab), etc.) or other oral non-biologic agent (e.g., Otezla (apremilast), Xeljanz (tofacitinib), Olumiant (baricitinib), Rinvoq (upadacitinib), Velsipity (etrasimod), etc.)

3. Must be prescribed by, or in consultation with, a specialist in gastroenterology
4. Patient must be 18 years of age and older
5. Patient is free of any active, severe infections
6. Patient has been screened for tuberculosis according to local practice (if applicable)
7. Physician has assessed baseline disease severity utilizing an objective measure/tool.

A. Moderately to severely active ulcerative colitis (UC)

Authorization of 4 months may be granted for patients with documented moderate to severe active ulcerative colitis when all of the following criteria are met:

1. 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).
2. If request is for Entyvio SC, documentation that the patient is unable to tolerate the intravenous formulation of Entyvio and medical rationale has been provided.

B. Moderately to severely active Crohn's disease (CD)

Authorization of 4 months of Entyvio IV may be granted for patients who have documented moderate to severe disease Crohn's disease when all of the following criteria are met:

1. 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).
2. Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum (3) month trial of adalimumab at maximum tolerated doses.

C. Management of Immune Checkpoint Inhibitor related diarrhea/colitis

Authorization of 3 doses of Entyvio IV may be granted for patients who have documented immune checkpoint inhibitor related diarrhea/colitis when all of the following criteria are met:

1. Patient has been receiving therapy with an immune checkpoint inhibitor (e.g., nivolumab, pembrolizumab, atezolizumab, avelumab, durvalumab, cemiplimab, ipilimumab, tremelimumab, dostarlimab, retifanlimab, etc.); AND
    a. Patient has mild (G1) diarrhea or colitis related to their immunotherapy with persistent or progressive symptoms and a positive lactoferrin/calprotectin; **OR**
    b. Patient has moderate (G2) to severe (G3-4) diarrhea or colitis related to their immunotherapy

III. CONTINUATION OF THERAPY

Authorization of 6 months may be granted for all patients (including new patients) who meet the following:

1. ALL initial authorization criteria; AND
2. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: anaphylaxis or other serious allergic reactions, severe infections, progressive multifocal leukoencephalopathy (PML), jaundice or other evidence of significant liver injury, etc.;
3. Patient is receiving ongoing monitoring for presence of TB or other active infections
4. For Crohn's disease:
    a. Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight compared to IBW, hematocrit, presence of extra intestinal complications, use of anti-diarrheal drugs, tapering or discontinuation of corticosteroid therapy, and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Crohn's Disease Activity Index (CDAI) score or the Harvey-Bradshaw Index score];
5. For Ulcerative Colitis:
    a. Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, and/or endoscopic activity, tapering or discontinuation of corticosteroid therapy, normalization of C-reactive protein (CRP) or fecal calprotectin (FC), and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Ulcerative Colitis Endoscopic Index of Severity (UCEIS) score or the Mayo Score].
6. For Management of Immune Checkpoint Inhibitor related diarrhea/colitis:
    a. May not be renewed.

IV. DOSING/ ADMINISTRATION

Indication	Dose
Crohn's Disease	Loading dose: • 300 mg, intravenously, at weeks 0, 2, & 6 Maintenance dose: • 300 mg, intravenously, every 8 weeks thereafter
Ulcerative Colitis	Loading dose: • Patients who will be receiving intravenous maintenance doses: Administer 300 mg intravenously at weeks 0, 2, & 6 *(see maintenance dosing below)* • Patients who will be receiving subcutaneous maintenance doses: Administer 300 mg intravenously at weeks 0 and 2, *(see Entyvio SC maintenance dosing starting at week 6).* Maintenance dose: • 300 mg, intravenously, every 8 weeks thereafter; OR • 108 mg, subcutaneously, starting week 6 and every 2 weeks thereafter
Immune Checkpoint Inhibitor related diarrhea/colitis	**Entyvio IV:** 300 mg, intravenously, at weeks 0, 2, & 6

V. QUANTITY LIMIT

- Entyvio IV 300mg has a quantity limit of 1 vial (300 mg) per 56 days, with post-limit for loading dose of 4 vials per 4 months for UC/CD and a quantity limit of 3 vials per 3 months for immune checkpoint inhibitor related diarrhea/colitis.
    - *Note:* If both Entyvio IV and SC approved upon initial request, Entyvio IV may only be approved for loading dose of 2 vials per 4 months.
- Entyvio SC 108mg/0.68 ml has a quantity limit of 2 pens (1.36 ml) per 28 days (daily dose of 0.049 ml)

V. REFERENCES

1. Entyvio [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; September 2023. Accessed March 2024.
2. Kornbluth A, Sachar DB, and the Practice Parameters Committee of the American College of Gastroenterology. Ulcerative Colitis Practice Guidelines in Adults. *Am J Gastroenterol.* 2010; 105:501–523. Available at http://s3.gi.org/physicians/guidelines/UlcerativeColitis.pdf. Accessed September 6, 2016.
3. Lichtenstein GR, Hanauer SB, Sandborn WJ, and the Practice Parameters Committee of the American College of Gastroenterology. Management of Crohn's disease in adults. *Am J Gastroenterol.* 2009. Available at http://s3.gi.org/physicians/guidelines/CrohnsDiseaseinAdults2009.pdf. Accessed September 6, 2016.
4. 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.
5. Bergqvist, V, Hertervig E, Gedeon P, et al. Vedolizumab treatment for immune checkpoint inhibitor-induced enterocolitis. Cancer Immunology Immunotherapy 66: 581-592, No. 5, May 2017..