

Reference number(s)
6216-A

SPECIALTY GUIDELINE MANAGEMENT

VELSIPITY (etrasimod)

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

Treatment of moderately to severely active ulcerative colitis in adults.

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

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

Continuation requests: Chart notes or medical record documentation supporting positive clinical response to therapy or remission.

III. PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with gastroenterologist.

IV. CRITERIA FOR INITIAL APPROVAL

Ulcerative Colitis

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

V. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for all adult members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain remission.

Authorization of 12 months may be granted for all adult members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and 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:

- A. Stool frequency
- B. Rectal bleeding

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- C. Urgency of defecation
- D. C-reactive protein (CRP)
- E. Fecal calprotectin (FC)
- F. Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
- G. Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score)

VI. OTHER

Member cannot use the requested medication concomitantly with immunomodulators, biologic drugs, or targeted synthetic drugs.

VII. DOSAGE AND ADMINISTRATION

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

VIII. REFERENCES

1. Velsipity [package insert]. New York, NY: Pfizer Inc.; October 2023.
2. Sandborn WJ, Vermeire S, Peyrin-Biroulet L, et al. Etrasimod as induction and maintenance therapy for ulcerative colitis (ELEVATE): two randomized, double-blind, placebo-controlled, phase 3 studies. *Lancet*. 2023; 410(10383):1159-71.
3. Rubin DT, Ananthakrishnan AN, et al. 2019 ACG Clinical Guideline: Ulcerative Colitis in Adults. *Am J Gastroenterol*. 2019; 114:384-413.
4. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. *Gastroenterology*. 2020; 158:1450-1461.