	Johns Hopkins Health Plans Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS174
		<i>Effective Date</i>	04/17/2024
		<i>Approval Date</i>	04/17/2024
	<i>Subject</i> Velsipity	<i>Supersedes Date</i>	N/A
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This document applies to the following Participating Organizations:

Priority Partners

Keywords: Velsipity

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I. POLICY

- A. Velsipity (etrasimod) will require prior authorization to ensure it is used only when clinically appropriate. The process for initiating a prior authorization request can be found in policy PHARM 20.
 1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
 2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA


- A. **Velsipity** may be approved for patients who meet the following:
 1. Patient is 18 years of age or older
 2. Documentation has been submitted showing the following:
 - a. Diagnosis of moderate to severe ulcerative colitis
 - b. Patient has had trial inadequate response to immunosuppressants, such as corticosteroids, azathioprine, or 6-mercaptopurine (6-MP)
 - c. Patient has had trial and inadequate response, or intolerance to adalimumab

III. AUTHORIZATION PERIOD/LIMITATIONS

- A. Initial approval will be restricted to 6 months of therapy
- B. Approval for continuation of therapy can be extended in up to 12-month intervals with documentation showing the patient's clinical improvement from treatment as supported by one of the following:
 1. Reduction in gastrointestinal signs and symptoms
 2. Prolonged clinical remission and mucosal healing

IV. EXCLUSIONS

- A. Velsipity will not be approved for the following:
 1. Patients that have experienced a myocardial infarction, unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization, or Class III or IV heart failure within 6 months of initiation

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2. Patients with Mobitz type II second-degree or third degree atrioventricular (AV) block, sick sinus syndrome, or sino-atrial block, unless they have a functioning pacemaker
 3. Concurrent use with rifampin
 4. Concurrent therapy with another biologic UC therapy
 5. Any indications that are not FDA-approved, or guideline-supported
- B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. REFERENCES

1. Velsipity [prescribing information]. New York, NY: Pfizer Labs; October 2023.
2. Feuerstein JD, et al. AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. Gastroenterology. 2020 Apr;158(5):1450-1461.

VI. APPROVALS

Signature on file at JHHP

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