PHARMACY POLICY STATEMENT
Marketplace

DRUG NAME	Velsipity (etrasimod)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Velsipity (etrasimod), initially approved by the FDA in 2023, is a sphingosine 1-phosphate (S1P) receptor modulator indicated for the treatment of moderately to severely active ulcerative colitis (UC) in adults. The mechanism of Velsipity in UC is unknown but may involve the reduction of lymphocyte migration into the intestines.
Ulcerative colitis is a type of inflammatory bowel disease (IBD) in which the colon becomes inflamed. Symptoms include abdominal pain, frequent bowel movements, and bloody or pus-filled diarrhea. The pattern of disease activity is characterized by periods of active inflammation alternating with periods of remission.

Velsipity (etrasimod) will be considered for coverage when the following criteria are met:

Ulcerative Colitis (UC)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a gastroenterologist; AND
3. Member has a diagnosis of moderately to severely active UC; AND
4. Member must have a documented trial and inadequate response with **ONE** of the following:
   a) 3 months of 6-mercaptopurine or azathioprine;
   b) 30 days of a corticosteroid (e.g., budesonide, prednisone, methylprednisolone);
   c) 3 months of 5-

For **reauthorization**:

1. Chart notes have been provided showing an improvement in signs and symptoms of disease such as clinical remission, reduced rectal bleeding, decreased stool frequency, or endoscopic-histologic mucosal healing.

If all the above requirements are met, the medication will be approved for an additional 12 months.