

# PHARMACY POLICY STATEMENT

## Indiana Medicaid

<b>DRUG NAME</b>	<b>Velsipity (etrasimod)</b>
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-aminosalicylate (e.g., Asacol HD, Lialda, Pentasa, Delzicol, mesalamine, etc.); AND
5. Member has a documented trial and failure of Zeposia; AND
6. Chart notes must show **ALL** of the following baseline assessments have been completed (or are scheduled):
  - a) Complete blood count (CBC);
  - b) Ophthalmic evaluation;
  - c) Liver function tests;
  - d) Cardiac evaluation by electrocardiogram (ECG);
  - e) Skin examination; AND
7. Member has **NOT** experienced any of the following in the past 6 months: myocardial infarction, unstable angina, stroke, transient ischemic attack (TIA), decompensated heart failure requiring hospitalization or Class III/IV heart failure; AND
8. Member does **NOT** have Mobitz Type II second-degree or third-degree atrioventricular (AV) block or

