

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

Etrasimod (Velsipity)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as at least a 3-month treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- #Contraindications to etrasimod use include:
 - Myocardial infarction in the last 6 months
 - Unstable angina in the last 6 months
 - Stroke, or transient ischemic attack in the last 6 months
 - Decompensated heart failure requiring hospitalization, or class III or IV HF in the last 6 months
 - Mobitz type II second- or third-degree atrioventricular block, sick sinus syndrome, or sinoatrial block, unless the patient has a functioning pacemaker

Non-formulary **etrasimod (Velsipity)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **etrasimod (Velsipity)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a gastroenterologist
- Patient has a diagnosis of moderate to severe ulcerative colitis
- Patient is 18 years of age or older
- Patient has tried and failed an adequate trial of[^], has a documented intolerance*, or contraindication to all of the following:
 - Infliximab product
 - Ustekinumab product (criteria based)
 - Tofacitinib (criteria based) or upadacitinib (criteria based)
 - Vedolizumab
- Patient does not have any contraindications[#] to etrasimod use

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **etrasimod (Velsipity)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a gastroenterologist
- Patient has a diagnosis of moderate to severe ulcerative colitis
- Patient is currently stable on etrasimod

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- Patient does not have any contraindications[#] to etrasimod use

Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **etrasimod (Velsipity)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescriber is a gastroenterologist
- Patient has a diagnosis of moderate to severe ulcerative colitis
- Patient is currently stable on etrasimod
- Patient does not have any contraindications[#] to etrasimod use