

<b>Clinical Policy Title:</b>	etrasimod
<b>Policy Number:</b>	RxA.814
<b>Drug(s) Applied:</b>	Velsipity
<b>Original Policy Date:</b>	09/12/2024
<b>Last Review Date:</b>	12/11/2025
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Ulcerative Colitis (must meet all):

1. Diagnosis of moderately to severely active ulcerative colitis (UC);
2. Member meets one of the following (a or b):
  - a. Trial and failure of  $\geq 3$  months of at least one (1) conventional agent (azathioprine, 6-mercaptopurine, aminosalicylate);
  - b. Trial and failure of at least one (1) corticosteroid (e.g., prednisone, budesonide);
3. Member meets the following (a and b):
  - a. Trial and failure of at least two (2) of the following agents: adalimumab (Abrilada™, Hadlima™, or adalimumab-aaty), Rinvoq, Stelara, Simponi, or Xeljanz/XR;
  - b. Trial and failure of Zeposia.

#### Approval duration

**All Lines of Business (except Medicare):** 12 months, Split-fill

### II. Continued Therapy Approval

#### A. Ulcerative Colitis

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria.

#### Approval duration

**All Lines of Business (except Medicare):** 12 months

## References

1. Velsipity. Package insert. Pfizer; 2024. Available at: <https://labeling.pfizer.com/ShowLabeling.aspx?id=19776>. Accessed November 25, 2024.
2. Sandborn WJ, Vermeire S, Peyrin-Biroulet L, et al. Etrasimod as induction and maintenance therapy for ulcerative colitis (ELEVATE): two randomised, double-blind, placebo-controlled, phase 3 studies. The Lancet. 2023. Available at: <https://pubmed.ncbi.nlm.nih.gov/36871574/>. Accessed November 25, 2024.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	8/23/2024	09/12/2024
Updated adalimumab biosimilars.	11/25/2024	12/05/2024

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Policy reviewed.	12/11/2025	12/11/2025
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