Physicians Health Plan

Pharmacy Benefit Determination Policy

Policy Subject: Entyvio	**Dates:**
Policy Number: SHS PBD48	**Effective Date:** June 24, 2015
Category: Gastroenterology	**Revision Date** July 30, 2018
Policy Type: ☒ **Medical** ☐ **Pharmacy**	**Approval Date:** August 22, 2018
Department: Pharmacy	**Next Review Date:** August 2019
Product (check all that apply): ☒ Group HMO/POS ☒ Individual HMO/POS ☒ PPO ☒ ASO	**Clinical Approval By:** **Medical Directors** PHP: Peter Graham, MD **Pharmacy and Therapeutics Committee** PHP: Peter Graham, MD

Policy Statement:

Physicians Health Plan, PHP Insurance & Service Company, and Sparrow PHP will cover Entyvio (vedolizumab) through the Medical Benefit based on approval by the Clinical Pharmacist or Medical Director using the following determination guidelines

Drugs and Applicable Coding:

J-code: J3380 (1u = 1mg)

Clinical Determination Guidelines:

Document the following with chart notes:

A. Crohn's Disease (CD)
   1. Age: ≥ 18yo
   2. Prescriber: Gastroenterologist
   3. Diagnosis & severity: Mod-severe active CD.
   4. Other therapies: Failed or had significant adverse effects to 2 below w different MOA
      a. DMARD therapy (4 mons): Azathioprine, 6-mercaptopurine or methotrexate
   5. Dosage regimen:
      a. Entyvio IV (vedolizumab): 300 mg at 0, 2, & 6 wks., then q 8 wks.
      b. D/C: No evidence of therapeutic benefit by wk. 14
   6. Approval
      a. Initial: 4 mons
      b. Re-approval: Clinical remission or a ↓ or sustained ↓ in disease activity (corticosteroid-free clinical remission by wk 14).

B. Ulcerative Colitis (UC)
   1. Age: ≥ 18yo
   2. Prescriber: Gastroenterologist
   3. Diagnosis & severity: Mod-severe active UC (eg. endoscopy w marked erythema, no vascular pattern, friability, & erosions to spontaneous bleeding/ulceration).
   4. Other therapies: Failed or had significant adverse effects to 1 of each category below:
      a. Conventional therapies (4 mons.): Mesalamine, metronidazole
      b. Chronic DMARD (4 mons.): Sulfasalazine
   5. Dosage regimen**:**
      a. Entyvio IV (vedolizumab): 300 mg at 0, 2, & 6 wks., then q 8 wks.
      b. D/C: No evidence of therapeutic benefit by wk. 14
   6. Approval
      a. Initial: 4 mons
      b. Re-approval: Clinical remission or a ↓ or sustained ↓ in disease activity (↓ rectal bleeding, improved mucosa by endoscopy & corticosteroid-free clinical remission by wk. 14).

C. Exceptions: Skipping the requirements of "2. *Other therapies"* are allowed if patient exhibits severe or fulminant disease (See Appendix I)

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Appendix I- Definitions of Disease Activity in Crohn's Disease and Ulcerative colitis[5]

Supplementary Table 1. International Definitions of Disease Activity in Crohn's Disease and Ulcerative Colitis

Crohn's disease (international definitions based on CDAI parameters[1])					
ACG[2]	**Symptomatic remission** CDAI <150 Asymptomatic/without symptomatic inflammatory sequelae May have responded to medical or surgical therapy and have no residual active disease Does not include patients who require corticosteroids	**Mild–moderate** CDAI 150–220 Ambulatory Able to tolerate oral alimentation without manifestations of dehydration, systemic toxicity (high fevers, rigors, and prostration), abdominal tenderness, painful mass, intestinal obstruction, or >10% weight loss	**Moderate–severe** CDAI 220–450 Failed to respond to treatment for mild–moderate disease *or* Has more prominent symptoms of fever, significant weight loss, abdominal pain or tenderness, intermittent nausea or vomiting (without obstructive findings), or significant anemia	**Severe/fulminant** CDAI >450 Persistent symptoms despite treatment with corticosteroids/biologics as outpatients *or* Has high fevers, persistent vomiting, intestinal obstruction, significant peritoneal signs, cachexia, or abscess	
ECCO[3]	**Symptomatic remission** CDAI <150	**Mild** CDAI 150–220 Ambulatory Eating and drinking <10% weight loss No obstruction, fever, dehydration, abdominal mass, or tenderness CRP increased above ULN	**Moderate** CDAI 220–450 Intermittent vomiting or weight loss >10% Treatment for mild disease ineffective or tender mass No overt obstruction CRP increased above ULN	**Severe** CDAI >450 Cachexia or evidence of obstruction/abscess Persistent symptoms despite intensive treatment CRP increased	
Ulcerative colitis (international definitions based on Truelove-Witts criteria)[4]					
ACG[5]	**Symptomatic remission**	**Mild** <4 stools/d (with or without blood) No systemic signs of toxicity Normal ESR	**Moderate** ≥4 stools/d Minimal signs of toxicity	**Severe** ≥6 bloody stools/d Signs of toxicity (fever, tachycardia, anemia) Increased ESR	**Fulminant** ≥10 stools/d Continuous bleeding Toxicity Abdominal tenderness and distension Blood transfusion requirement Colonic dilation on abdominal plain films
ECCO[6]	**Symptomatic remission** <4 stools/d without bleeding or urgency	**Mild** <4 bloody stools/d Pulse <90 bmp Temperature <37.5°C Hemoglobin >11.5 g/dL ESR <20 mm/h or normal CRP	**Moderate[a]** ≥4 bloody stools/d *if* Pulse ≤90 bmp Temperature ≤37.8°C Hemoglobin ≥10.5 g/dL ESR ≤30 mm/h or CRP ≤30 mg/dL	**Severe[b]** ≥6 bloody stools/d *and* Pulse >90 bmp Temperature >37.8°C Hemoglobin <10.5 g/dL ESR >30 mm/h or CRP >30 mg/dL	

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Appendix II: Monitoring & Patient Safety

Drug	Adverse Reactions	Monitoring	REMS
Entyvio® (vedolizumab)	• CNS: HA (12%) • GI: Nausea (9%) • MSK: Arthralgia (12%) • Resp.: Nasopharyngitis (13%), URI (7%), Cough (5%) • Other: Pyrexia (9%), Fatigue (6%)	• During infusion patients should be monitored • Hypersensitivity rxs • S & Sx of infection	None

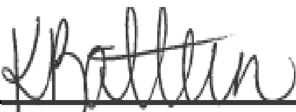
References and Resources:

1. Entyvio Prescribing Information. Deerfield, IL: Takeda Pharmaceuticals America, Inc.
2. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; Entyvio, accessed July 2017
3. Vedolizumab as induction and maintenance therapy for Crohn's Disease.N Engl J Med.2013;369(8):711-721.
4. Vedolizumab as induction and maintenance therapy for Ulcerative Colitis. *N Engl J Med*. 2013;369(8):699-710.
5. 3rd European evidence-based consensus on the diagnosis and management of Crohn's disease 2016: Part 1: Diagnosis and medical management. Journal of Crohn's and Colitis. 2017;11:3-25
6. ACG Clinical Guideline: Management of Crohn's Disease in Adults. The American Journal of Gastroenterology.2018;113:481-517

Approved By:

8/22/18

Peter Graham, MD – PHP Executive Medical Director — Date



8/22/18

Kurt Batteen - Human Resources — Date