

**Corporate Medical Policy:** Vedolizumab (Entyvio®) “**Notification**”

**POLICY EFFECTIVE JULY 1, 2026**

**Restricted Product(s):**

- vedolizumab (Entyvio®) intravenous infusion for administration by a healthcare professional

**FDA Approved Use:**

- For the treatment of adults with moderately to severely active Crohn’s disease
- For the treatment of adults with moderately to severely active ulcerative colitis

**Criteria for Medical Necessity:**

**The restricted product(s) may be considered medically necessary when the following criteria are met:**

1. The patient has a diagnosis of moderately to severely active **Crohn’s disease (CD); AND**
  - a. The patient is 18 years of age or older; **AND**
  - b. The patient has moderately to severely active disease, as evidenced by ONE of the following:
    - i. The patient has BOTH of the following:
      1. Symptoms consistent with active CD (e.g., diarrhea, abdominal pain, significant weight loss, fatigue, fever, anemia, vitamin or mineral deficiencies, intermittent nausea or vomiting, etc.) **[medical record documentation required]; AND**
      2. Evidence of active inflammation, confirmed by ONE of the following **[medical record documentation required]:**
        - a. Active inflammatory disease on cross-sectional imaging (MRE, CTE), intestinal ultrasound, or pelvic MRI for perianal disease (e.g., bowel wall thickening, ulceration, hyperenhancement, fistula, abscess); **OR**
        - b. Biomarker evidence indicative of inflammation (e.g., elevated fecal calprotectin [FC], elevated C-reactive protein [CRP], elevated erythrocyte sedimentation rate [ESR], low serum albumin); **OR**
    - ii. Significant extent of disease or upper GI involvement identified on radiographic or endoscopic assessment (e.g., large or deep mucosal lesions, fistulas or perianal abscesses, intestinal strictures, extensive disease [ileal involvement >40 cm or pancolitis], prior bowel resection, etc.) **[medical record documentation required]; OR**
    - iii. Corticosteroid-dependence, or refractory to oral corticosteroids **[medical record documentation required]; OR**
  - c. The patient is currently established on a biologic or systemic immunomodulator agent that is FDA approved for the treatment of CD (excluding sample use) **[medical record documentation required]; AND**
    - i. The patient has had positive clinical benefit (e.g., improvement in signs and symptoms, reduction in disease severity, etc.) from use of the biologic or systemic immunomodulator agent **[medical record documentation required]; OR**

2. The patient has a diagnosis of moderately to severely active **ulcerative colitis (UC)**; **AND**
  - a. The patient is 18 years of age or older; **AND**
  - b. The patient has moderately to severely active disease, as evidenced by ONE of the following:
    - i. The patient has BOTH of the following:
      1. Symptoms consistent with active UC (e.g., increased stool frequency, rectal bleeding, bowel urgency, nocturnal symptoms, abdominal pain and/or cramping, extraintestinal manifestations, significant weight loss, etc.) **[medical record documentation required]**; **AND**
      2. Evidence of active inflammation or high-risk disease, confirmed by ONE of the following **[medical record documentation required]**:
        - a. Moderate to severe disease activity on a lower gastrointestinal endoscopy using a validated endoscopic assessment tool (e.g., Mayo Endoscopic Subscore [MES], Ulcerative Colitis Endoscopic Index of Severity [UCEIS] or equivalent); **OR**
        - b. Evidence of active inflammatory disease on intestinal ultrasound (IUS), including findings consistent with active colitis (e.g., increased bowel wall thickness, hyperemia); **OR**
        - c. Biomarker evidence indicative of inflammation (e.g., elevated fecal calprotectin [FC], elevated C-reactive protein [CRP], elevated erythrocyte sedimentation rate [ESR], low serum albumin); **OR**
        - d. Presence of at least one poor prognostic factor (e.g., age younger than 40 years at diagnosis, extensive colitis, hospitalization for colitis) **[medical record documentation required]**; **OR**
      - ii. Corticosteroid-dependence, or refractory to oral corticosteroids **[medical record documentation required]**; **OR**
    - c. The patient is currently established on a biologic or systemic immunomodulator agent that is FDA approved for the treatment of UC (excluding sample use) **[medical record documentation required]**; **AND**
      - i. The patient has had positive clinical benefit (e.g., improvement in signs and symptoms, reduction in disease severity, etc.) from use of the biologic or systemic immunomodulator agent **[medical record documentation required]**; **AND**
3. The prescriber is a specialist in the area of the patient's diagnosis (e.g., gastroenterologist for CD, UC) or has consulted with a specialist in the area of the patient's diagnosis; **AND**
4. The patient will NOT be using vedolizumab (Entyvio®) in combination with another biologic immunomodulator agent or Zeposia®; **AND**
5. The patient does NOT have any FDA labeled contraindications to vedolizumab (Entyvio®); **AND**
6. The patient has been tested for latent tuberculosis (TB) when required by the prescribing information for the requested agent AND if positive the patient has begun therapy for latent TB; **AND**
7. The requested quantity does NOT exceed the maximum units allowed for the duration of approval (see table below); **AND**

8. For requests for injection or infusion administration of the requested medication in an **inpatient or outpatient hospital setting**, Site of Care Criteria applies (outlined below)\*

**Duration of Approval:** 365 days (1 year)

FDA Label Reference				
Medication	Indication	Dosing	HCPCS	Maximum Units*
vedolizumab (Entyvio®) intravenous (IV) infusion	CD in patients ≥18 years old	IV: 300 mg at 0, 2, and 6 weeks, then every 8 weeks thereafter  Discontinue in patients who do not show evidence of therapeutic benefit by week 14	J3380	2400
	UC in patients ≥18 years old	IV: 300 mg at 0, 2, and 6 weeks, then every 8 weeks thereafter  Discontinue in patients who do not show evidence of therapeutic benefit by week 14		

\*Maximum units allowed for duration of approval

**Quantity Limit Exception Criteria:**

1. The quantity (dose) requested is for documented titration purposes at the initiation of therapy (authorization for a 90 day titration period); **AND**
2. The prescribed dose cannot be achieved using a lesser quantity of a higher strength; **AND**
3. The quantity (dose) requested does not exceed the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert; **OR**

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4. If the quantity (dose) requested exceeds the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert, then the prescriber must submit documentation in support of therapy with a higher dose for the intended diagnosis (submitted documentation may include medical records OR fax form which reflects medical record documentation that shows the length of time the requested dose has been used, and what other medications and doses have been tried and failed).

**\*Site of Care Medical Necessity Criteria**

1. For requests for injection or infusion administration in an **inpatient setting**, the injection or infusion may be given if the above medical necessity criteria are met AND the inpatient admission is NOT for the sole purpose of administering the injection or infusion; **OR**
2. For requests for injection or infusion administration in an **outpatient hospital setting**, the injection or infusion may be given if the above medical necessity criteria are met AND ONE of the following must be met:
  - a. History of a severe adverse event following the injection or infusion of the requested medication (i.e., anaphylaxis, seizure, thromboembolism, myocardial infarction, renal failure); **OR**
  - b. Conditions that cause an increased risk for severe adverse event (i.e., unstable renal function, cardiopulmonary conditions, unstable vascular access); **OR**
  - c. History of mild adverse events that have not been successfully managed through mild pre-medication (e.g., diphenhydramine, acetaminophen, steroids, fluids, etc.); **OR**
  - d. Inability to physically and cognitively adhere to the treatment schedule and regimen complexity; **OR**
  - e. New to therapy, defined as initial injection or infusion OR less than 3 months since initial injection or infusion; **OR**
  - f. Re-initiation of therapy, defined as ONE of the following:
    - i. First injection or infusion after 6 months of no injections or infusions for drugs with an approved dosing interval less than 6 months duration; **OR**
    - ii. First injection or infusion after at least a 1-month gap in therapy outside of the approved dosing interval for drugs requiring every 6 months dosing duration; **OR**
  - g. Requirement of a change in the requested restricted product formulation; **AND**
3. If the Site of Care Medical Necessity Criteria in #1 or #2 above are not met, the injection or infusion will be administered in a **home-based infusion** or physician office setting with or without supervision by a certified healthcare professional.

**References:** all information referenced is from FDA package insert unless otherwise noted below.

1. Lichtenstein GR, Loftus EV Jr, Isaacs KL, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol*. 2025;120(6):1225-1264.
2. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG Clinical Guideline Update: Ulcerative Colitis in Adults. *Am J Gastroenterol*. 2025 Jun 3;120(6):1187-1224.

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3. Scott FI, Ananthakrishnan AN, Click B, et al. AGA Living Clinical Practice Guideline on the Pharmacologic Management of Moderate-to-Severe Crohn's Disease. *Gastroenterology*. 2025;169(7):1397-1448.
4. Singh S, Loftus EV, Limketkai BN, et al. AGA Living Clinical Practice Guideline on Pharmacological Management of Moderate-to-Severe Ulcerative Colitis. *Gastroenterology*. 2024;167(7):1307-1343.

**Policy Implementation/Update Information:** Criteria and treatment protocols are reviewed annually by the Blue Cross NC P&T Committee, regardless of change. This policy is reviewed in Q1 annually.

July 2026: Criteria change: For CD and UC: Added allowance for patients currently established on a biologic or systemic immunomodulator agent that is FDA approved for treatment of the requested indication for those who have had positive clinical benefit from use of the biologic or systemic immunomodulator agent. For CD: Removed required trial and failure of conventional therapy; Replaced allowance for severely active disease with required demonstration of moderately to severely active disease by documented presence of symptoms of active disease plus evidence of active inflammation OR significant extent of disease or upper GI involvement on radiographic or endoscopic assessment OR corticosteroid-dependence or refractory to oral corticosteroids; Changes made to align with updated clinical guidelines. For UC: Removed required trial and failure of conventional therapy; Replaced allowance for severely active disease with required demonstration of moderately to severely active disease by documented presence of symptoms of active disease plus evidence of active inflammation or high-risk disease (with associated confirmatory criteria) OR corticosteroid-dependence or refractory to oral corticosteroids; Changes made to align with updated clinical guidelines. Other minor formatting changes made throughout policy for clarity with no change to intent. **Policy notification given 5/1/2026 for effective date 7/1/2026.**

November 2025: Criteria change: Updated Site of Care medical necessity criteria to add additional bypass for patients with a history of severe adverse events or conditions that cause an increased risk for severe adverse event to align with the Place of Service for Medical Infusions policy for clarity of intent.

August 2025: Criteria change: For CD: Updated policy to allow bypassing conventional agents for severely active Crohn's disease.

September 2023: Criteria change: For Crohn's disease: Removed aminosalicylates, mesalamine, and sulfasalazine from list of conventional agents. For ulcerative colitis: Updated policy to allow bypassing conventional agents for severely active ulcerative colitis; removed steroid suppositories from list of conventional agents. Separated out intolerance/hypersensitivity criteria from FDA labeled contraindication criteria for clarity. Added Zeposia as agent not to be used in combination with another biologic immunomodulator agent for clarity. Updated FDA label reference table for clarity according to FDA label.

October 2021: Criteria change: Added quantity limit exception criteria. **Policy notification given 8/2/2021 for effective date 10/1/2021.**

August 2021: Criteria change: Removed criteria points regarding medication history indicating use of another biologic immunomodulator agent FDA labeled for the treatment of the same condition. **Policy notification given 6/1/2021 for effective date 8/1/2021.**

June 2021: Criteria change: Medical record documentation required for all indications.

April 2021: Criteria change: Addition of criteria for history of use of another biologic immunomodulator agent for the same indication; added requirement to be prescribed by or in consultation with a specialist; added requirements that the patient will not be using the requested agent in combination with another biologic immunomodulator agent, patient has no FDA labeled contraindications, and for TB testing; added maximum units; medical policy formatting change. **Policy notification given 2/26/2021 for effective date 4/28/2021.**

\*Further historical criteria changes and updates available upon request from Medical Policy and/or Corporate Pharmacy.