

## Entyvio (Vedolizumab)

### Drug names

1. Entyvio
2. Vedolizumab

### Description

Entyvio (vedolizumab) is used in adults with moderate to severe ulcerative colitis (UC), or moderate to severe Crohn's disease. It treats active disease and may help keep symptoms under control long term.

It is administered by intravenous (IV) infusion.

### Commercial

A Pharmacy Clinical Guideline, *Entyvio (vedolizumab)*, is on [Magellan Rx Management](#).

- **Requires prior authorization through Magellan.** Refer to *Review Criteria*.
  - **Important:** Check policy for limits or exclusions.
  - **ER or inpatient hospital POS:** PA is not required.
  - **Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

### Government Programs

Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups:</a></p> <ul style="list-style-type: none"> <li>• Refer to <a href="#">Medicaid</a> below.</li> </ul> <p><a href="#">Medicare eligible groups:</a></p> <ul style="list-style-type: none"> <li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> <li>• Medicare is the primary payer.</li> <li>• Follows Medicare guidelines.</li> <li>• If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li> </ul>

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## Entyvio (Vedolizumab), Continued

### Government Programs, continued

Plan	Coverage
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Entyvio (vedolizumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> <li>• Medica is the only payer.</li> </ul>
Advantage	<ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Entyvio (vedolizumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> <li>– <b>Drug administration:</b> Covered based on place of service. Quote office visit or <a href="#">Home IV Therapy</a> benefits. Refer to the EOC for primary or specialist cost sharing.</li> <li>– <b>Injection (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li>• Medica is the only payer.</li> </ul>

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## Entyvio (Vedolizumab), Continued

### Government Programs, continued

Plan	Coverage
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Entyvio (vedolizumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. <ul style="list-style-type: none"> <li>– <b>Drug administration:</b> Covered based on place of service. Quote office visit or <a href="#">Home IV Therapy</a> benefits. Refer to the EOC. Copays depend on place of service.</li> <li>– <b>Injection (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>• Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li>• Medica is the only payer.</li> </ul>
Medicaid (SPP)	<ul style="list-style-type: none"> <li>• A Pharmacy Clinical Guideline, <i>Entyvio (vedolizumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li> <li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i> <ul style="list-style-type: none"> <li>– <b>Important:</b> Check policy for limits or exclusions.</li> <li>– <b>ER or inpatient POS:</b> PA is not required.</li> <li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li> </ul> </li> <li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> </ul>

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## Entyvio (Vedolizumab), Continued

### Government Programs, continued

Plan	Coverage
Prime	<ul style="list-style-type: none"> <li>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.               <ul style="list-style-type: none"> <li><b>Drug administration:</b> Covered based on place of service. Quote office visit or <a href="#">Home IV Therapy</a> benefits. Refer to the EOC for primary or specialist cost sharing.</li> <li><b>Injection (J-code):</b> Covered under <i>Part B Prescription Drugs</i> in the EOC.</li> </ul> </li> <li>Follows Medicare guidelines.</li> <li>Provider must bill per <a href="#">Medicare Product Grid</a>.</li> <li><b>Reminder:</b> Members can use non-Medica Service Area providers. Refer to <a href="#">Out-of-MSA Benefits</a>.</li> </ul>
Select, Signature	<ul style="list-style-type: none"> <li>Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li> <li>Medicare supplement. Medicare is the primary payer.</li> <li>Follows Medicare guidelines.</li> </ul>

### Individual and Family Business (IFB)

A Pharmacy Clinical Guideline, *Entyvio (vedolizumab)*, is on [Magellan Rx Management](#).

- Requires prior authorization through Magellan.** Refer to *Review Criteria*.
  - Important:** Check policy for limits or exclusions.
  - ER or inpatient hospital POS:** PA is not required.
  - Providers:** Certain providers are excluded. Refer to [Magellan Rx Prior Authorization](#).
- Covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

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## Entyvio (Vedolizumab), Continued

### Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

Employer	Coverage
Mayo Medical Plan	<ul style="list-style-type: none"><li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>
All others	<ul style="list-style-type: none"><li>• A Pharmacy Clinical Guideline, <i>Entyvio (vedolizumab)</i>, is on <a href="#">Magellan Rx Management</a>.</li><li>• <b>Requires prior authorization through Magellan.</b> Refer to <i>Review Criteria</i><ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li><li>– <b>ER or inpatient POS:</b> PA is not required.</li><li>– <b>Providers:</b> Certain providers are excluded. Refer to <a href="#">Magellan Rx Prior Authorization</a>.</li></ul></li><li>• Covered based on place of service. Quote office visit, outpatient hospital, or <a href="#">Home IV Therapy</a> benefits.</li></ul>

### National Account Member Services (NAMS)

A Medical Policy, *Entyvio (vedolizumab)*, is on [UHC Provider.com](#).

- May be listed separately, if so, quote from iBAAG.
- If not listed separately and *Coverage Rational* is met, covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.
- If *Coverage Rational* is not met, considered unproven and not covered.
- **Non-MSA providers:** Refer to [Injectable Drugs Received in a Physician's Office - NAMS](#) for special dispensing requirements.

### Document history

Document history outlined below.

Date	Description
12.26.19	Updated to new template.
3.31.19	Updated to new template.
2.27.19	Updated to new template.

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## Entyvio (Vedolizumab), Continued

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### Applicability

<b>Business Segments</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Assoc. <input type="checkbox"/> Comm. <input type="checkbox"/> IFB <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> MHPS <input type="checkbox"/> My Plan <input type="checkbox"/> PSC		
<b>Specific Clients/Products</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
<b>System</b>		
<input type="checkbox"/> CCMS <input type="checkbox"/> COS <input type="checkbox"/> HealthRules Payor <input type="checkbox"/> ISET (Choose an item.) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
<b>Departments</b>		
<input type="checkbox"/> All <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Claims <input type="checkbox"/> Enrollment <input type="checkbox"/> Other:		
<b>Approved By</b>	<b>Document Owner</b>	<b>Date</b>
A-Z Review Team	KNTWs	3.21.16

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