

AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Entyvio	Page:	1 of 4
Effective Date:	10/29/2026	Last Review Date:	8/28/2026
Applies to:	☒ Florida Kids ☒ New Jersey ☒ Maryland ☒ Pennsylvania Kids ☒ Kentucky PRMD		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Entyvio under the patient's prescription drug benefit.

Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

- Adult patients with moderately to severely active ulcerative colitis (UC)
- Adult patients with moderately to severely active Crohn's disease (CD)

Compendial Uses

- Immune checkpoint inhibitor-related toxicity
- Acute graft versus host disease
- Chimeric antigen receptor (CAR) T-cell-related toxicity

All other indications are considered experimental/investigational and not medically necessary.

Applicable Drug List:

Entyvio

Policy/Guideline:

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

Ulcerative colitis (UC) and Crohn's disease (CD)

Continuation requests: Chart notes or medical record documentation supporting positive clinical response to therapy or remission.

Immune checkpoint inhibitor-related toxicity and acute graft versus host disease

Chart notes, medical record documentation, or claims history supporting previous medications tried (if applicable), including response to therapy. If therapy is not advisable, documentation of clinical reason to avoid therapy.

Prescriber Specialties

This medication must be prescribed by or in consultation with ONE of the following:

- Crohn's disease and ulcerative colitis: gastroenterologist



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- Immune checkpoint inhibitor-related toxicity, acute graft versus host disease, and CAR T-cell-related toxicity: gastroenterologist, hematologist, or oncologist

Coverage Criteria

Ulcerative colitis (UC)

Authorization of 12 months may be granted for treatment of moderately to severely active ulcerative colitis.

Crohn's disease (CD)

Authorization of 12 months may be granted for treatment of moderately to severely active Crohn's disease.

Immune checkpoint inhibitor-related toxicity

Authorization of 6 months may be granted for treatment of immune checkpoint inhibitor-related toxicity when ANY of the following criteria is met:

- Member has had an inadequate response to systemic corticosteroids.
- Member has an intolerance or contraindication to corticosteroids.
- Member has immune checkpoint inhibitor-related diarrhea or colitis.

Acute graft versus host disease

Authorization of 12 months may be granted for treatment of acute graft versus host disease when EITHER of the following criteria is met:

- Member has had an inadequate response to systemic corticosteroids.
- Member has an intolerance or contraindication to corticosteroids.

Continuation of Therapy

Ulcerative colitis (UC)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain remission.

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active ulcerative colitis and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ANY of the following from baseline:

- Stool frequency
- Rectal bleeding
- Urgency of defecation
- C-reactive protein (CRP)
- Fecal calprotectin (FC)



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- Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
- Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo score)

Crohn's disease (CD)

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active Crohn's disease and who achieve or maintain remission.

Authorization of 12 months may be granted for all members (including new members) who are using the requested medication for moderately to severely active Crohn's disease and who achieve or maintain a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in ANY of the following from baseline:

- Abdominal pain or tenderness
- Diarrhea
- Body weight
- Abdominal mass
- Hematocrit
- Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound
- Improvement on a disease activity scoring tool (e.g., Crohn's Disease Activity Index [CDAI] score)

Immune checkpoint inhibitor-related toxicity and acute graft versus host disease

All members (including new members) requesting authorization for continuation of therapy must meet all requirements in the coverage criteria.

Other

For all indications: Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months for UC, CD, acute graft versus host disease; 6 months for Immune checkpoint inhibitor-related toxicity

Quantity Level Limit:



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Medication	Standard Limit	Exception Limit*
300 mg single-dose vial	1 vial every 56 days	3 vials per 42 days
108 mg/0.68 mL single-dose prefilled syringe/pen	2 syringes/pens every 28 days	N/A

References:

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3. Lichtenstein GR, Loftus EV, Afzali A, et al. ACG Clinical Guideline: Management of Crohn's Disease in Adults. *Am J Gastroenterol*. 2025;120:1225-1264.
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7. Schneider BJ, Naidoo J, Santomaso BD, et al. Management of Immune-Related Adverse Events in Patients Treated With Immune Checkpoint Inhibitor Therapy: American Society of Clinical Oncology Guideline Update. *J Clin Oncol*. 2021;39(36):4073-4126.
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