



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Entyvio™ (vedolizumab)

**Review Criteria**

Member must meet all the following criteria:

- If receiving in provider's office or hospital/clinic infusion facility, this medication needs to be billed to the Physician Administered Drug program.
  - Please call 1-800-219-7035 for information.
- If receiving via home infusion or outpatient infusion center, the below criteria apply:
  - Member must try and fail Enbrel or Humira first (subject to Preferred Drug List requirements), unless contraindicated
  - Must be prescribed for U.S. Food and Drug Administration (FDA)-indicated diagnosis
  - Must be prescribed by an appropriate specialist
    - If not prescribed by an appropriate specialist, a copy of the specialty consult is required. For annual renewals, an updated copy of the consult needs to be submitted.