VELSIPITY (ETRASIMOD) PRESCRIBER CHECKLIST

Patient:

Date:_____

Please report suspected adverse drug reactions (ADRs) to Everest Medicine Pharmacovigilance Department via AEreporting@everestmedicines.com or to the Health Sciences Authority Vigilance and Compliance branch online via https://www.hsa.gov.sg/adverse-events.

This treatment checklist intends to remind you of the risks associated with the use of VELSIPITY and the recommended clinical actions to support appropriate use. Please use the checklist to confirm appropriate clinical action. For further information, please refer to the Singapore package insert for further details.

PRIOR TO TREATMENT WITH VELSIPITY

Lists of tests and checks to be conducted prior to treatment initiation with Velsipity

Provide all patients/caregivers with a patient/caregiver guide **Provide all women of childbearing potential with a pregnancy-specific card**	☐ ☐
Check baseline electrocardiogram (ECG) to determine whether any pre-existing cardiac abnormalities are present. • In patients with certain pre-existing conditions, first dose monitoring is recommended (see "Monitoring activities during and after treatment").	☐
Velsipity should not be used in patients: • who in the last 6 months experienced myocardial infarction, unstable angina pectoris, stroke, transient ischaemic attack (TIA), decompensated heart failure requiring hospitalisation, or New York Heart Association (NYHA) Class III/IV heart failure. • with history or presence of Mobitz type II second-degree or third-degree atrioventricular (AV) block, sick sinus syndrome, or sino-atrial block, unless patient has a functioning pacemaker.	☐

Consult a cardiologist before initiating treatment to determine if Velsipity can safely be initiated and to determine the most appropriate monitoring strategy, when initiating Velsipity in patients with: • Significant QT prolongation (QTcF ≥450 msec in males, ≥470 msec in females) • Arrhythmias requiring treatment with Class Ia or Class III anti-arrhythmic drugs • Ischaemic heart disease, heart failure, history of cardiac arrest, cerebrovascular disease, or uncontrolled hypertension • History of symptomatic bradycardia, recurrent cardiogenic syncope, or severe untreated sleep apnoea • Other pre-existing cardiac conditions.	☐
Caution should be taken when initiating Velsipity in patients taking medicines known to decrease heart rate.	☐
Velsipity should not be used in patients with severe active infections, active chronic infections or live attenuated vaccine immunisations within the last 4 weeks.	☐
A recent (within last 6 months or after discontinuation of prior therapy) complete blood count (CBC), including lymphocyte count, should be obtained. • Velsipity should not be used in patients with an absolute lymphocyte count < 0.2 x 10^9/L.	☐
Check patient's recent (within last 6 months) liver function test results for transaminase and bilirubin levels. • Velsipity must not be used in patients with severe hepatic impairment.	☐
Check varicella zoster virus (VZV) antibody status in patients without a physician-confirmed history of varicella or without documentation of a full course of vaccination against VZV. If tested negative, vaccination is recommended and initiation of treatment with Velsipity should be postponed for 4 weeks to allow the full effect of vaccination to occur.	☐

Confirm a negative pregnancy test result in women of childbearing potential prior to starting treatment. **Note the following:** • In women of childbearing potential, a pregnancy test must be negative and patients must be counselled on potential for a serious risk to the foetus and the need to use effective contraception during the treatment and for at least 10 days following discontinuation of treatment. • Provide a pregnancy-specific patient card to all female patients of childbearing potential. • Velsipity must not be used during pregnancy or in women of childbearing potential not using effective contraception.	☐
An ophthalmic evaluation of the fundus, including the macula, is recommended near the start of treatment in all patients. • Patients with macular oedema should not use Velsipity. • Patients with a history of diabetes mellitus, uveitis, or underlying/co-existing retinal disease are at increased risk of macular oedema during Velsipity therapy.	☐
If a suspicious skin lesion is observed, it should be promptly evaluated. **Counsel patients with increased risk for skin cancer to limit exposure to sunlight and ultraviolet (UV) light by wearing protective clothing and using a sunscreen with a high protection factor.**	☐ ☐

MONITORING ACTIVITIES DURING AND AFTER TREATMENT

In patients with resting heart rate < 50 bpm, second-degree AV block [Mobitz type I], or a history of myocardial infarction or heart failure, monitoring is recommended after the first dose: • 4-hour monitoring for signs and symptoms of symptomatic bradycardia (including dizziness), and hourly pulse and blood pressure. An ECG prior to and at the end of this 4-hour period is recommended.	
Additional monitoring is recommended in patients, if at the end of 4-hour period: • Heart rate is < 45 bpm. • Heart rate is the lowest value post dose, suggesting that the maximum decrease in heart rate may not have occurred yet. • ECG shows evidence of a new onset second-degree or higher AV block. • QTc interval is ≥ 500 msec.	
Recommendation for measuring blood pressure regularly while on treatment.	☐

When reinitiating treatment after an interruption of 7 or more consecutive days, consideration may be given to repeating the baseline ECG and/or monitoring depending on the results of the first evaluation, change in patient characteristics, and duration of interruption.	☐
Periodic assessments of CBC during treatment. • Absolute lymphocyte counts <0.2 x 10^9/L, if confirmed, should lead to interruption of Velsipity therapy until the level reaches >0.5 x 10^9/L when re-initiation of Velsipity can be considered.	☐
Treatment interruption if a patient develops a serious infection.	☐

Physicians should be vigilant for clinical symptoms or unexplained neurologic findings that may be suggestive of progressive multifocal leukoencephalopathy (PML). If PML is suspected, treatment with etrasimod should be suspended until PML has been excluded by an appropriate diagnostic evaluation. • If PML is confirmed, treatment with Velsipity should be discontinued.	☐
Anti-neoplastic, immune-modulating, or immunosuppressive therapies (including corticosteroids) should be co-administered with caution because of the risk of additive immune system effects during such therapy.	Yes ☐ No☐
The use of live attenuated vaccine should be avoided for at least 2 weeks after discontinuation of treatment with Velsipity.	☐
Hepatic enzymes should be monitored at months 1, 3, 6, 9, and 12 on therapy and periodically thereafter. • Velsipity should be discontinued if significant liver injury is confirmed.	☐
Women of childbearing potential should use effective contraception to avoid pregnancy during treatment and for at least 10 days after stopping Velsipity. • Pregnancy testing should be repeated regularly. If a woman becomes pregnant during treatment, Velsipity must be immediately discontinued.	☐
Patients with a history of diabetes mellitus, uveitis, or an underlying/co-existing retinal disease should undergo an ophthalmic evaluation regularly. An ophthalmic evaluation should be made in patients developing a change in vision.	☐

Patients should be cautioned against exposure to sunlight without protection to prevent development of cutaneous malignancies. Patients should not receive concomitant phototherapy with UV-B-radiation or PUVA-photochemotherapy.	☐
Patients should be counselled for symptoms of posterior reversible encephalopathy syndrome (PRES). • A complete physical and neurological examination should be done and an MRI considered for patients who develop unexpected neurological or psychiatric symptoms/signs or any symptoms suggestive of an increase of intracranial pressure, or accelerated neurological deterioration. • Treatment with Velsipity should be discontinued if PRES is suspected.	☐