Pharmacy Drug Policy Checklist

POLICY NAME	Oral Budesonide Products	POLICY #	2028P

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **3.1** Uceris is not covered for severe ulcerative colitis defined as more than 6 bloody stools per day and signs of systemic involvement (fever, tachycardia, anemia)
- ☐ **3.2** Uceris is not covered for the diagnosis of collagenous and lymphocytic colitis
  - Budesonide 3mg ER (Entocort) capsules are available without prior authorization and can be used to treat collagenous and lymphocytic colititis. The 3mg strength of budesonide ER can provide the initial 9mg recommended dosage as well as allow for taper.
- ☐ **3.3** Tarpeyo is not covered if patient is currently receiving dialysis or has undergone kidney transplant. CPT Codes Criteria Statement of the Policy References

Coverage Criteria for Ulcerative Colitis (Uceris/Budesonide extended release tablets)

- ☐ **1.1** Prescribed by or in consultation with a gastroenterologist (stomach doctor)
- ☐ **1.2** Age 18 years or older
- ☐ **1.3** Diagnosis of ulcerative colitis with the intent of treatment to induce remission
- ☐ **1.4** Trial and failure of at least one topical mesalamine product (Rowasa, Canasa, Mesalamine enemas) used concurrently with an oral aminosalicylate (sulfasalazine, olsalazine, mesalamine, or balsalazide), OR symptoms require rapid improvement (greater than 4 stools/ day, severe impairment to daily life)
- ☐ **1.5** Approval Period: 8 weeks of therapy within 6 months

Coverage Criteria for Primary Immunoglobulin A Nephropathy (Tarpeyo)

- ☐ **2.1** Diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by biopsy
- ☐ **2.2** Age 18 years or older
- ☐ **2.3** Prescribed by or in consultation with a nephrologist
- ☐ **2.4** Urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g or proteinuria ≥2 g/day
- ☐ **2.5** eGFR ≥ 35 mL/min/1.73 m2
- ☐ **2.6** Patient is stable on RAS inhibitor (ACE-I or ARB) at maximally tolerated dose unless contraindicated
- ☐ **2.7** Patient is not currently receiving dialysis or has undergone kidney transplant
- ☐ **2.8** Approval Period: 9 months (Therapy duration limited per package insert)