## **Pharmacy Drug Policy Checklist**

POLICY NAME Oral Budesonide Products POLICY # 2028P

## Criteria

enemas) used concurrently with an oral aminosalicylate (sulfasalazine, olsalazine, mesalamin 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	Coverage Criteria for Ulcerative Colitis (Uceris/Budesonide extended release tablets)		
<ul> <li>1.3 Diagnosis of ulcerative colitis with the intent of treatment to induce remission</li> <li>1.4 Trial and failure of at least one topical mesalamine product (Rowasa, Canasa, Mesalamine enemas) used concurrently with an oral aminosalicylate (sulfasalazine, olsalazine, mesalamin or balsalazide), OR symptoms require rapid improvement (greater than 4 stools/day, severe impairment to daily life)</li> <li>1.5 Approval Period: 8 weeks of therapy within 6 months</li> <li>Coverage Criteria for Primary Immunoglobulin A Nephropathy (Tarpeyo)</li> <li>2.1 Diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by biopsy</li> <li>2.2 Age 18 years or older</li> <li>2.3 Prescribed by or in consultation with a nephrologist</li> <li>2.4 Urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g or proteinuria ≥2 g/day</li> <li>2.5 eGFR ≥ 35 mL/min/1.73 m2</li> <li>2.6 Patient is stable on RAS inhibitor (ACE-I or ARB) at maximally tolerated dose unless contraindicated</li> </ul>		1.1 Prescribed by or in consultation with a gastroenterologist (stomach doctor)	
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2.8 Approval Period: 9 months (Therapy duration limited per package insert)		2.8 Approval Period: 9 months (Therapy duration limited per package insert)	

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
<ul> <li>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.</li> </ul>
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