POLICY NAME Oral Budesonide Products POLICY # 2028P

Criteria

Coverage Criteria for Ulcerative Colitis (Uceris/Budesonide extended release tablets)		
	Prescribed by or in consultation with a gastroenterologist (stomach doctor)	
	Age 18 years or older	
	Diagnosis of ulcerative colitis with the intent of treatment to induce remission	
	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)	
	Approval Period: 8 weeks of therapy within 6 months	
Cov	erage Criteria for Primary Immunoglobulin A Nephropathy (Tarpeyo)	
	Diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by biopsy	
	Age 18 years or older	
	Prescribed by or in consultation with a nephrologist	
	Urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g or proteinuria ≥2 g/day	
	eGFR ≥ 35 mL/min/1.73 m2	
	Patient is stable on RAS inhibitor (ACE-I or ARB) at maximally tolerated dose unless contraindicated	
	Patient is not currently receiving dialysis or has undergone kidney transplant	
	Approval Period: 9 months (Therapy duration limited per package insert)	
Exc	lusion Criteria – Any of the following prevents coverage	

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)

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.
Tarpeyo is not covered if patient is currently receiving dialysis or has undergone kidney transplant. CPT Codes Criteria Statement of the Policy References