Commercial PA Criteria

Effective: May 9, 2024

Prior Authorization: Eohilia (budesonide)

Products Affected: Eohilia (budesonide) oral suspension

Medication Description: Eohilia™ is indicated for 12 weeks of treatment in adult and pediatric patients 11 years of age and older with eosinophilic esophagitis (EoE).

Covered Uses:

1. Eosinophilic esophagitis (EoE).

Exclusion Criteria: None

Required Medical Information:

1. Diagnosis
2. Medical History

Prescriber Restriction: The medication is prescribed by, or in consultation with, an allergist or gastroenterologist

Age Restriction: Patient is ≥ 11 years of age

Coverage Duration: 12 weeks

Other Criteria:

Initial Approval Criteria

1. Eosinophilic Esophagitis. Approve if the patient meets the following (A, B, C, and D):

A. Patient has a diagnosis of eosinophilic esophagitis as confirmed by an endoscopic biopsy demonstrating ≥ 15 intraepithelial eosinophils per high-power field; **AND**

B. Patient meets ONE of the following (i or ii):

i. Patient has received at least 8 weeks of therapy with a proton pump inhibitor; **OR**
Note: Treatment with a proton pump inhibitor currently or at any time in the past would count toward this requirement.

ii. According to the prescriber, the patient has severe disease with esophageal stricture; **AND**

C. Patient meets ONE of the following (i or ii):

i. Patient has tried dietary modifications to manage eosinophilic esophagitis; **OR**

ii. The prescriber has determined that the patient is not an appropriate candidate for dietary modifications; **AND**
Note: Examples of dietary modifications to treat eosinophilic esophagitis include an elemental diet or an elimination diet.

D. Patients meets ONE of the following (i or ii):

i. Patient is currently receiving a course of Eohilia and additional medication is needed to complete a 12-week course of treatment; **OR**

Note: The maximum recommended treatment is for 12 weeks. For a patient who has started therapy but has not completed 12 weeks, approve the remaining number of weeks for the patient to receive a total of 12 weeks.

ii. Patient meets ONE of the following (a or b):
   a. Patient has not been treated with Eohilia within the previous 6 months; **OR**
   b. According to the prescriber, the patient is experiencing recurrent worsening dysphagia after discontinuing Eohilia therapy

References:

1. Eohilia™ oral suspension [prescribing information]. Lexington, MA: Takeda; February 2024.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	05/09/2024