AETNA BETTE	<b>*ae</b>	etna <sup>™</sup>					
Coverage Policy/Guideline							
Name:	Eohilia (budesonide s	uspension)	Page:	1 of 2			
Effective Date: 7/1/2024			Last Review Date:	5/15/2024			
Applies	Illinois	□New Jersey	⊠Pennsylvania Kids				
to:	Maryland	⊠Florida Kids	⊠Virginia				

#### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Eohilia (budesonide suspension) under the patient's prescription drug benefit.

## **Description:**

## FDA-Approved Indication

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

## Limitations of Use

Eohilia has not been shown to be safe and effective for the treatment of EoE for longer than 12 weeks.

# **Applicable Drug List:**

**Eohilia** 

## Policy/Guideline:

## **Criteria for Approval:**

# The requested drug will be covered with prior authorization when the following criteria are met:

 The patient has the diagnosis of eosinophilic esophagitis (EoE). Documentation is required for approval.

#### AND

The patient is 11 years of age or older

#### **AND**

The request is NOT for continuation of therapy

#### **AND**

 The patient has a history of clinical symptoms of esophageal dysfunction (e.g., eating problems, abdominal pain, heartburn, dysphagia, vomiting, food impaction, weight loss) at baseline

# OR

The request is for continuation of therapy

#### **AND**

 The patient has achieved or maintained a positive clinical response (e.g., improvement in symptoms of esophageal dysfunction, histologic remission on biopsy). [Documentation is required for approval.]

	TER HEALTH®	<b>*ae</b>	etna <sup>™</sup>			
Coverage Policy/Guideline						
Name:	Eohilia (budeso	Eohilia (budesonide suspension)		2 of 2		
Effective Date: 7/1/2024			Last Review Date:	5/15/2024		
Applies	□Illinois	□New Jersey	⊠Pennsylvania Kids			
to:	⊠Maryland	⊠Florida Kids	⊠Virginia			

# **Approval Duration and Quantity Restrictions:**

**Initial Approval:** 6 months **Renewal Approval:** 12 months

Quantity Level Limit: 60 single-dose stick packs per 30 days

#### **References:**

- 1. Eohilia [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; February 2024.
- 2. Lexicomp Online, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed February 29, 2024.
- 3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 02/29/2024).
- Dellon E, Gonsalves N, Hirano I, et al. ACG Clinical Guideline: Evidenced Based Approach to the Diagnosis and Management of Esophageal Eosinophilia and Eosinophilic Esophagitis (EoE). Am J Gastroenterol. 2013;108:679–692.
- 5. Hirano I, Chan ES, Rank MA, et al. AGA institute and the joint task force on allergy-immunology practice parameters clinical guidelines for the management of eosinophilic esophagitis. Gastroenterology. 2020;158(6):1776-1786.