

budesonide (ENTOCORT EC)

Diagnosis Considered for Coverage:

- Crohn's disease (CD) affecting ileum or ascending colon – induction and maintenance of remission
- Microscopic colitis (aka lymphocytic and collagenous colitis)
- Auto-immune hepatitis
- Graft vs host disease (GvHD)

Coverage Criteria:

For ACTIVE MILD TO MODERATE CROHN'S DISEASE:

Initial Authorization (Induction of remission)

- Being used for induction of remission, **and**
- Dose does not exceed 9 mg per day.

Coverage Duration: 8 weeks

Reauthorization (Maintenance of remission)

- Patient responded to induction of remission therapy, **and**
- Being used for maintaining remission, **and**
- Patient unable to use all guideline-supported therapies (e.g. azathioprine, mercaptopurine, methotrexate, anti-TNF) for maintaining Crohn's remission, **and**
- Dose does not exceed 9 mg per day.

Coverage Duration: 1 year

For MICROSCOPIC COLITIS:

Induction of remission

- Recommended by gastroenterologist or infectious disease specialist, **and**
- Dose does not exceed 9 mg per day.

Coverage Duration: 8 weeks

Maintenance of remission

- Recurrence of symptoms (i.e. persistent diarrhea, abdominal bloating/cramping/pain) following completion of induction therapy, **and**

- Dose does not exceed 9 mg per day.

Coverage Duration: 1 year

For AUTO-IMMUNE HEPATITIS:

- Recommended by a hepatitis specialist (hepatologist, a gastroenterologist, or an infectious disease specialist), **and**
- Being used in combination with azathioprine, **and**
- Intolerance or contraindication to prednisone and prednisolone, **and**
- Dose does not exceed 9 mg per day.

Coverage Duration: 1 year

For GVHD:

- Patient has gastrointestinal (GI) or liver involvement, **and**
- Dose does not exceed 9 mg per day.

Coverage Duration: 1 year

Coverage Duration: See coverage criteria

References:

1. Prescribing Information. Entocort EC. Paddock Labs. 2020

Effective Date: 5/31/2023