# Budesonide Oral Suspension (Eohilia™)

**Goal(s):**
- Promote use that is consistent with national clinical practice guidelines and medical evidence.
- Promote use of cost-effective products.

**Length of Authorization:**
- Up to 12 weeks

**Requires PA:**
- Budesonide (Eohilia™) oral suspension for pharmacy claims.

**Covered Alternatives:**
- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

| Approval Criteria | | |
|---|---|---|
| 1. What diagnosis is being treated? | Record ICD10 code. | |
| 2. Is the request for an FDA-approved age and indication? | **Yes:** Go to #3 | **No:** Pass to RPh. Deny; medical appropriateness. |
| 3. Is there documentation of failure to have benefit with, or contraindication to:<br>• Proton pump inhibitor therapy for at least 8 weeks AND<br>• Corticosteroid therapy with local administration of fluticasone nasal inhaler for at least 8 weeks (use inhaler and swallow contents of the spray). | **Yes:** Approve for 12 weeks of therapy for one course of treatment.<br><br>Note: Budesonide oral suspension has not been shown to be safe and effective for the treatment of erosive esophagitis for longer than 12 weeks. | **No:** Pass to RPh. Deny; medical appropriateness. |

*P&T Review:* *10/24 (DM)*
*Implementation:* *12/1/2024*