

## Texas Prior Authorization Program Clinical Criteria

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### Drug/Drug Class

### **Eohilia (Budesonide oral suspension)**

*This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization*

### Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

### Revision Notes

Initial Publication



## Eohilia (Budesonide oral suspension)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

| Drugs Requiring Prior Authorization |       |
|-------------------------------------|-------|
| Label Name                          | GCN   |
| EOHILIA 2 MG/10 ML STICK PACK       | 55723 |



## Eohilia (Budesonide oral suspension)

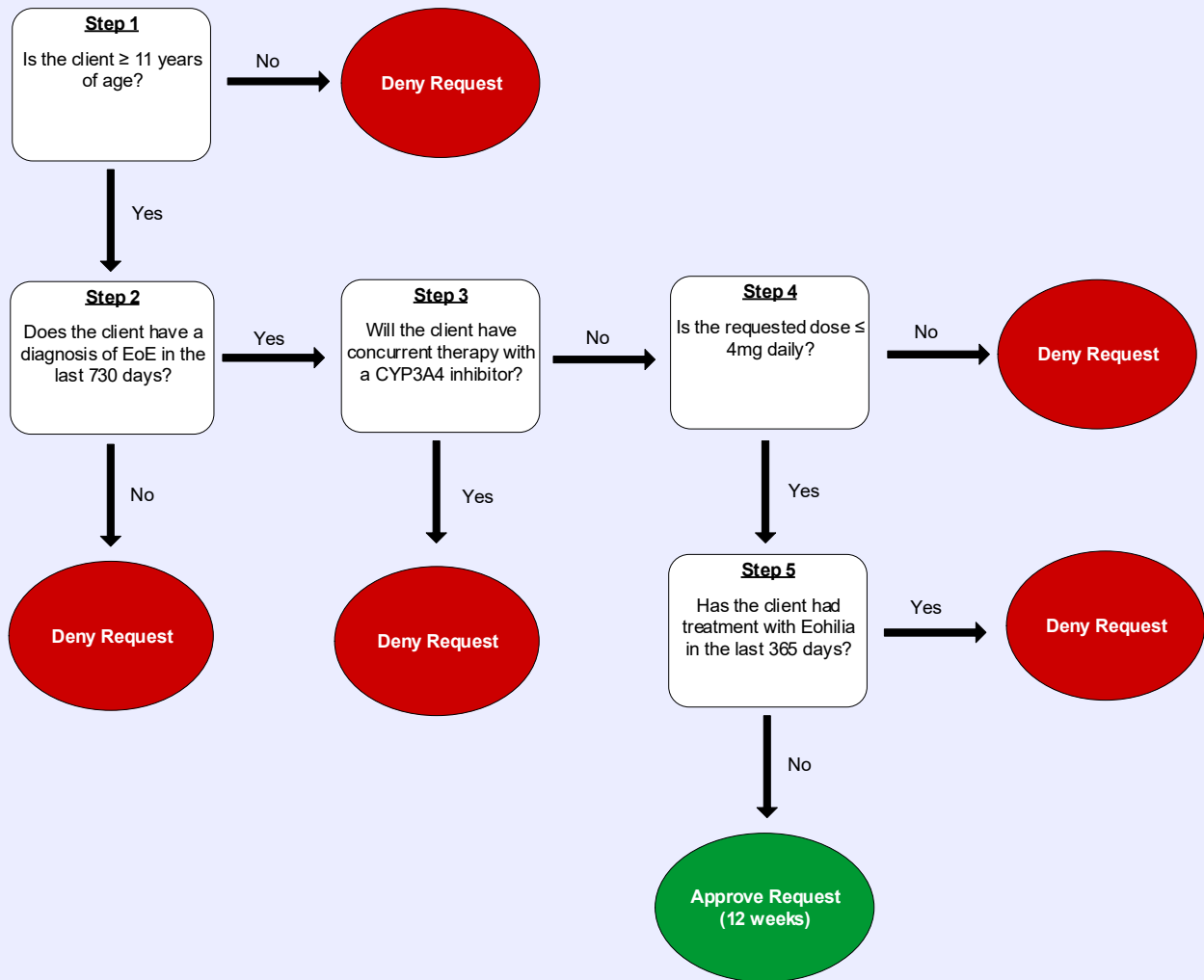
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 11 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of **eosinophilic esophagitis (EoE)** in the last 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Will the client have concurrent therapy with a **CYP3A4 inhibitor**?  
 Yes (Deny)  
 No (Go to #4)
4. Is the requested dose less than or equal to ( $\leq$ ) 4mg daily?  
 Yes (Go to #5)  
 No (Deny)
5. Has the client had treatment with Eohilia in the last 365 days?  
 Yes (Deny)  
 No (Approve – 12 weeks)



# Eohilia (Budesonide oral suspension)

## Clinical Criteria Logic Diagram





## Eohilia (Budesonide oral suspension)

### Clinical Criteria Supporting Tables

| <b>Step 2 (diagnosis of EoE)</b><br><b>Required diagnosis: 1</b><br><b>Look back timeframe: 730 days</b> |                          |
|--|--------------------------|
| ICD-10 Code  | Description              |
| K200   | EOSINOPHILIC ESOPHAGITIS |

| <b>Step 3 (concurrent therapy with CYP3A4 inhibitor)</b> |       |
|--|-------|
| Label Name   | GCN   |
| ATAZANAVIR SULFATE 150MG CAP                             | 19952 |
| ATAZANAVIR SULFATE 200MG CAP                             | 19953 |
| ATAZANAVIR SULFATE 300MG CAP                             | 97430 |
| CLARITHROMYCIN 125 MG/5 ML SUS                           | 11670 |
| CLARITHROMYCIN 250 MG TABLET                             | 48852 |
| CLARITHROMYCIN 250 MG/5 ML SUS                           | 11671 |
| CLARITHROMYCIN 500 MG TABLET                             | 48851 |
| CLARITHROMYCIN ER 500 MG TAB                             | 48850 |
| EVOTAZ 300-150MG TABLET                                  | 37797 |
| GENVOYA TABLET   | 40092 |
| ITRACONAZOLE 10 MG/ML SOLUTION                           | 49100 |
| ITRACONAZOLE 100 MG CAPSULE                              | 49101 |
| KALETRA 100-25 MG TABLET                                 | 99101 |
| KALETRA 200-50 MG TABLET                                 | 25919 |
| KALETRA 400-100/5 ML ORAL SOLU                           | 31782 |
| KETOCONAZOLE 200 MG TABLET                               | 42590 |
| KORLYM 300 MG TABLET                                     | 31485 |
| LANSOPRAZOL-AMOXICIL-CLARITHRO                           | 64269 |
| NEFAZODONE 100MG TABLET                                  | 16406 |
| NEFAZODONE 150MG TABLET                                  | 16407 |
| NEFAZODONE 200MG TABLET                                  | 16408 |
| NEFAZODONE 250MG TABLET                                  | 16409 |
| NEFAZODONE 50MG TABLET                                   | 16404 |
| NORVIR 100 MG POWDER PACKET                              | 40309 |
| NORVIR 100 MG TABLET                                     | 28224 |

| <b>Step 3 (concurrent therapy with CYP3A4 inhibitor)</b> |            |
|--|------------|
| <b>Label Name</b>  | <b>GCN</b> |
| NORVIR 80 MG/ML SOLUTION                                 | 26810      |
| NOXAFIL 40 MG/ML SUSPENSION                              | 26502      |
| NOXAFIL DR 100 MG TABLET                                 | 35649      |
| OMECLAMOX-PAK COMBO PACK                                 | 32137      |
| PREZCOBIX 800-150MG TABLET                               | 37367      |
| PREZISTA 100MG/ML SUSPENSION                             | 31201      |
| PREZISTA 150MG TABLET                                    | 23489      |
| PREZISTA 600MG TABLET                                    | 99434      |
| PREZISTA 75MG TABLET                                     | 16759      |
| PREZISTA 800MG TABLET                                    | 33723      |
| REYATAZ 150MG CAPSULE                                    | 19952      |
| REYATAZ 200MG CAPSULE                                    | 19953      |
| REYATAZ 300MG CAPSULE                                    | 97430      |
| REYATAZ 50MG POWDER PACK                                 | 36647      |
| RITONAVIR 100 MG TABLET                                  | 28224      |
| SPORANOX 10 MG/ML SOLUTION                               | 49100      |
| SPORANOX 100 MG CAPSULE                                  | 49101      |
| STRIBILD TABLET  | 33130      |
| SYMTUZA 800-150-200-10 MG TAB                            | 43968      |
| TOLSURA 65 MG CAPSULE                                    | 45848      |
| TYBOST 150MG TABLET                                      | 36468      |
| VFEND 200 MG TABLET                                      | 17498      |
| VFEND 40 MG/ML SUSPENSION                                | 21513      |
| VFEND 50 MG TABLET                                       | 17497      |
| VFEND IV 200 MG VIAL                                     | 17499      |
| VIRACEPT 250 MG TABLET                                   | 40312      |
| VIRACEPT 625 MG TABLET                                   | 19717      |
| VORICONAZOLE 200 MG TABLET                               | 17498      |
| VORICONAZOLE 200 MG VIAL                                 | 17499      |
| VORICONAZOLE 40 MG/ML SUSP                               | 21513      |
| VORICONAZOLE 50 MG TABLET                                | 17497      |
| ZYDELIG 100MG TABLET                                     | 36884      |
| ZYDELIG 150MG TABLET                                     | 36885      |



## Eohilia (Budesonide oral suspension)

### Clinical Criteria References

1. 2024 ICD-10-CM Diagnosis Codes. 2024. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on July 26, 2024.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on July 26, 2024.
3. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on July 26, 2024.
4. Eohilia Prescribing Information. Lexington, MA. Takeda Pharmaceuticals America, Inc. February 2024

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

| <b>Publication Date</b> | <b>Notes</b>  |
|-------------------------|---|
| 07/26/2024              | <ul style="list-style-type: none"><li>• Initial publication and presentation to the DUR Board</li></ul> |