

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

## Ortikos (budesonide extended-release)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Ortikos (budesonide extended-release)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Ortikos (budesonide extended-release) capsules may be approved for individuals who meet the following criteria:

- I. Individual is 8 years of age or older; **AND**
- II. Individual is using for the treatment of active mild to moderate Crohn's disease involving the ileum or ascending colon;

### **OR**

- III. Individual is 18 years of age or older; **AND**
- IV. Individual is using for the maintenance of remission of mild to moderate Crohn's disease involving the ileum or ascending colon.

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 2, 2019.

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New Program Date 03/26/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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