

Texas Prior Authorization Program Clinical Criteria

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.

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



Eohilia (Budesonide oral suspension)

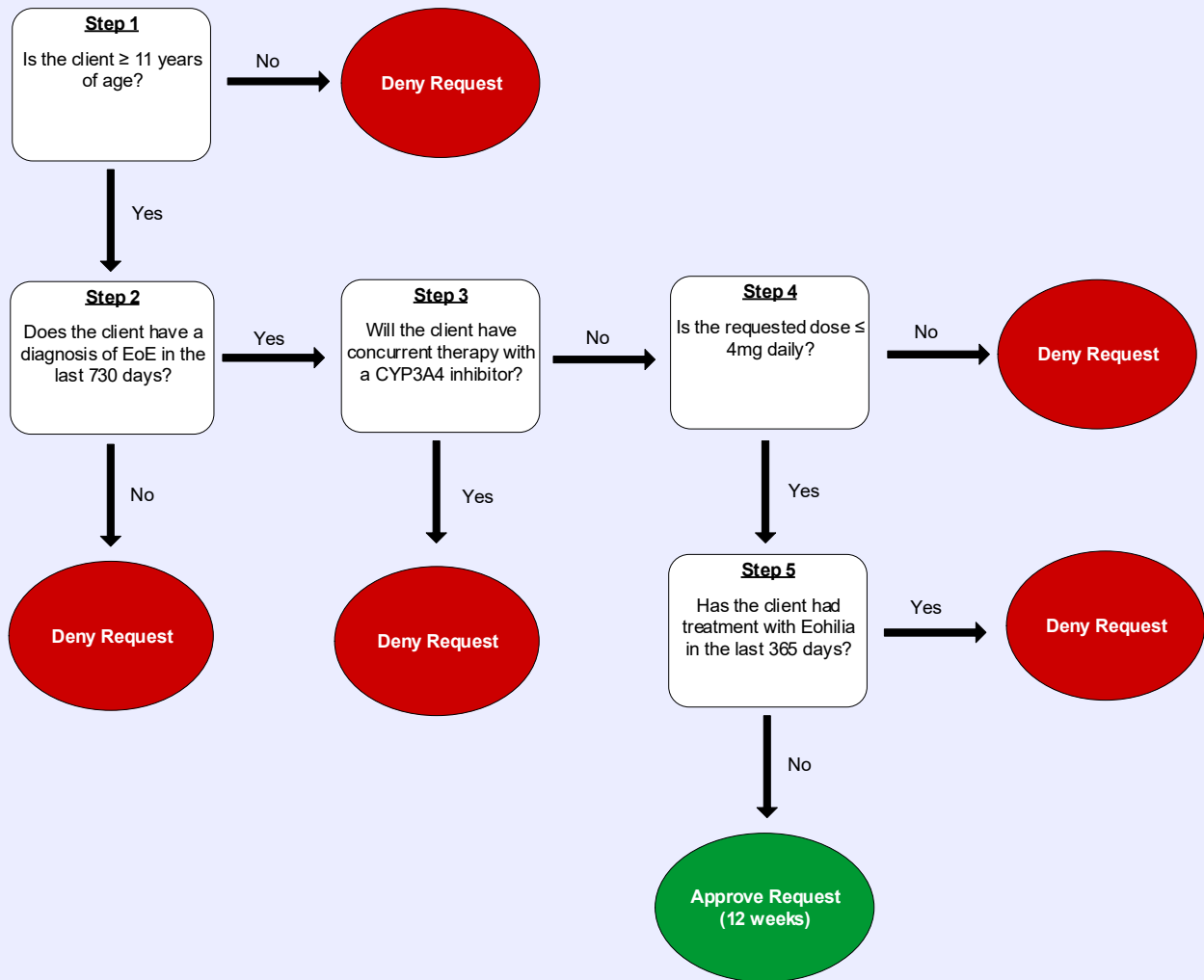
Clinical Criteria Logic

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

Step 2 (diagnosis of EoE)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
K200	EOSINOPHILIC ESOPHAGITIS

Step 3 (concurrent therapy with CYP3A4 inhibitor)	
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

Step 3 (concurrent therapy with CYP3A4 inhibitor)	
Label Name	GCN
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



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Clinical Criteria References

1. 2024 ICD-10-CM Diagnosis Codes. 2024. Available at 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. Accessed on July 26, 2024.
3. Micromedex [online database]. Available at 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.

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