

**EOHILIA**  
**(budesonide oral suspension)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 11 years of age or older

**Diagnosis**

Patient must have the following:

Eosinophilic esophagitis (EoE)

**AND ALL** of the following:

1. Patient has  $\geq 15$  intraepithelial eosinophils per high-power field (eos/hpf)
2. Symptoms of EoE (e.g., dysphagia, heartburn, chest pain, GERD-like symptoms, etc.)
3. Inadequate treatment response, intolerance, or contraindication to a proton pump inhibitor (PPI)
4. Prescriber agrees to limit treatment to 12 weeks

**Prior - Approval Limits**

**Quantity** 180 single-dose oral suspension stick packs\*

**Duration** 12 months\*

\*Quantity is sufficient for 12 weeks of therapy and the Service Benefit Plan's maximum benefit is 1 cycle of Eohilia therapy per 12 month period

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**Prior – Approval *Renewal* Requirements**

Same as above

**Prior - Approval *Renewal* Limits**

Same as above