

Budesonide Oral Suspension (EOHILIA) in Eosinophilic Esophagitis

Criteria for Use

May 2024

VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

Exclusion Criteria

If ANY of the following are selected, the patient will NOT meet criteria for budesonide oral suspension.

- CYP3A4 inhibitors including grapefruit juice or other unmanageable drug interactions
- Severe (Child-Pugh C) hepatic impairment

Inclusion Criteria

ALL the following must be selected to meet criteria:

- Diagnosis of eosinophilic esophagitis (EoE) including histologic evidence of eosinophilic inflammation (≥ 15 eosinophils / high power field) made or confirmed by a VA / VA Community Care gastroenterologist
- Prescribed by a VA / VA Community Care gastroenterologist OR an immunologist, allergist, or other designated expert in the management of EoE in consultation with a VA / VA Community Care gastroenterologist

Additional Inclusion Criteria

Select if applicable:

- For patients who can become pregnant: Counseling provided on potential risks vs benefits of treatment.

Other Justification

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