

## budesonide extended-release capsule (ORTIKOS)

### Diagnosis Considered for Coverage:

- Mild to moderate Crohn's disease – induce and maintain clinical remission

### Coverage Criteria:

#### For active Crohn's disease:

##### Initial Request (Induction of remission)

- Being used for induction of remission, **and**
- Dose does not exceed 9 mg per day.

**Coverage Duration:** 8 weeks

##### Reauthorization (Maintenance of remission)

- Patient responded to induction of remission therapy, **and**
- Being used for maintaining remission, **and**
- Dose does not exceed 6 mg per day.

**Coverage Duration:** 3 months

**Coverage Duration:** See above

### References:

1. Prescribing Information. Ortikos. Sun Pharmaceuticals Inc. 6/2022

Effective: 5/31/2023