INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Medical Necessity Criteria

This policy addresses coverage criteria only for the following budesonide products:

- Uceris® (budesonide extended release tablets- 9 mg)
- Budesonide extended release tablets- 9mg
- Uceris® (budesonide rectal foam)

Coverage for Uceris®, budesonide 9 mg extended release tablets and Uceris® rectal foam varies across plans. Refer to the customer’s benefit plan document for coverage details.

Budesonide products are considered medically necessary when the following criteria are met:

For Employer Group Plans:

<table>
<thead>
<tr>
<th>Legacy Drug List Plan</th>
<th>Standard Drug List Plan / Performance Drug List Plan</th>
<th>Value Drug List Plan / Advantage Drug List Plan</th>
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<tbody>
<tr>
<td><strong>Uceris®</strong> (budesonide extended)</td>
<td>ALL of the following:</td>
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<td></td>
<td>• Age 18 years of age and older</td>
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<td>• Induction of remission in active, mild to moderate ulcerative colitis</td>
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Authorization for Uceris and budesonide extended release tablets- 9mg is for a single course of therapy (1 tablet per day for 8 weeks) with a limit of one course of therapy every 6 months.

Authorization for Uceris rectal foam is for a single course of therapy (2 kits per 56 days) with a limit of one course of therapy every 6 months.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Uceris, budesonide extended relase tablets- 9mg and Uceris rectal foam are considered experimental, investigational or unproven for ANY other use.

Note: Receipt of sample product does not satisfy any criteria requirements for coverage.

### FDA Approved Indications

#### FDA Approved Indication

Uceris (budesonide) extended release tablets are indicated for the induction of remission in patients with active, mild to moderate ulcerative colitis.

Uceris rectal foam is indicated for the induction of remission in patients with active mild to moderate distal ulcerative colitis extending up to 40 cm from the anal verge.

### Recommended Dosing
FDA Recommended Dosing
Uceris extended release tablets:
The recommended dosage for the induction of remission in adult patients with active, mild to moderate ulcerative colitis is one 9 mg tablet to be taken once daily in the morning with or without food for up to 8 weeks.

Uceris rectal foam:
The recommended dosage is 1 metered dose administered twice daily for 2 weeks followed by 1 metered dose administered once daily for 4 weeks.

Drug Availability
Uceris extended release 9 mg tablets are available in bottles of 30.

Uceris rectal foam is supplied as a kit containing 2 aerosol canisters with 28 PVC applicators. Each canister contains 14 metered doses.

Background

Therapeutic Alternatives
Uceris (budesonide) is available in oral and rectal formulations. Considering specific route of administration, therapeutic alternatives include corticosteroids, balsalazide, mesalamine, osalazine, sulfasalazine, and rectal 5-ASA products.

Professional Societies/Organizations
American College of Gastroenterology (ACG) Ulcerative Colitis Practice Guidelines in Adults
Oral aminosalicylates, topical mesalamine and topical steroids are treatment options for individuals with mild to moderate distal colitis. Oral steroids are typically used only in individuals who have refractory disease or when symptoms necessitate rapid improvement. Oral budesonide is not specifically mentioned in the guidelines. Topical corticosteroids, including budesonide, are not proven effective for maintenance of remission in distal disease. (ACG, 2010)

Off Label Uses

Comparative Studies
A Cochrane review evaluated oral budesonide for induction of remission in ulcerative colitis (total of 6 studies, n=1808). Uceris 9 mg was superior to placebo for inducing remission at 8 weeks (3 studies, moderate quality of evidence). No difference in remission rates were noted for Uceris 9mg and budesonide 9mg (Entocort EC) (1 study; noted as low quality of evidence). (Sherlock, 2015)

Generics
The FDA’s generic drug approval process does not require the drug sponsor to repeat costly animal and clinical research on ingredients or dosage forms already approved for safety and effectiveness. Generic drugs must establish the following for approval:
• contain the same active ingredients as the innovator drug (inactive ingredients may vary)
• be identical in strength, dosage form, and route of administration
• have the same use indications
• be bioequivalent
• meet the same batch requirements for identity, strength, purity, and quality
• be manufactured under the same strict standards of FDA’s good manufacturing practice regulations required for innovator products
A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs. Not every brand-name drug has a generic drug, When new drugs are first
made they have drug patents. Most drug patents are protected for 20 years. The patent, which protects the company that made the drug first, doesn’t allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But, first, they must test the drug and the FDA must approve it.

References