



Drug Name: Uceris (budesonide)

Date: Original 12-2017 Revised 7-2018

Drug Name:	Uceris (budesonide)
Required Medical Information:	<ul style="list-style-type: none"> • Patient has been diagnosed with active, mild to moderate Ulcerative Colitis; and • Patient is using therapy for induction of remission only; and • Patient has failed a recent trial of an oral aminosalicylate product; or • Patient is being treated for distal disease and has failed or has a contraindication to the following agents: mesalamine enema and Hydrocortisone enema • If criteria are met, approval is granted for no more 2 months Uceris is not approvable for chronic use or maintenance use.
Note(s):	<p>Uceris is not approvable for chronic use or maintenance use. If approved, patient must be reevaluated for maintenance therapy with an oral aminosalicylate during the 2 months of Uceris therapy.</p>
Coverage duration:	2 months