

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## Rectal Steroid Foam (Cortifoam, Uceris foam)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Cortifoam (hydrocortisone acetate) Uceris foam (budesonide)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for a rectal steroid foam (Uceris foam, Cortifoam) may be approved if the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or has a contraindication to one preferred oral or topical aminosalicylate (sulfasalazine, mesalamine, balsalazide).

State Specific Mandates		
State name (Spell out state name) N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

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New Program Date 08/10/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.  
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 3, 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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