

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Pentosan Polysulfate Sodium (Elmiron)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as 12-week treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Formulary **pentosan polysulfate sodium (Elmiron)** will be covered on the prescription drug benefit for 6 months when the following criteria are met:

- Diagnosis of interstitial cystitis (IC) or interstitial cystitis/bladder pain syndrome (IC/BPS)
- Prescribed by Urology or Urogynecology
- Patient has tried and had an inadequate response to behavioral modification and self-care practices as documented by prescriber
- Inadequate response or documented intolerance, hypersensitivity, or contraindication to amitriptyline, cimetidine, and hydroxyzine
- Referral for Retina Medication Monitoring Program (VEMP) for Elmiron

Criteria for *current Kaiser Permanente members or new members already taking the medication who have not been reviewed previously:* Formulary **pentosan polysulfate sodium (Elmiron)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of interstitial cystitis (IC) or interstitial cystitis/bladder pain syndrome (IC/BPS)
- Prescribed by Urology or Urogynecology
- Patient is enrolled in the Retina Medication Monitoring Program (VEMP) for Elmiron

Continued use criteria: Formulary **pentosan polysulfate (Elmiron)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by Urology or Urogynecology
- Patient is enrolled in the Retina Medication Monitoring Program (VEMP) for Elmiron