



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

PENTOSAN POLYSULFATE

| Generic | Brand | HICL | GCN | Medi-Span | Exception/Other |
|-----------------------------|---------|-------|-----|---------------------|-----------------|
| PENTOSAN POLYSULFATE SODIUM | ELMIRON | 08734 | | GPI-10 (5650006010) | |

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of interstitial cystitis/bladder pain syndrome ongoing for at least six weeks?

If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #3 per day.**

APPROVAL TEXT: Renewal requires that the patient has experienced clinical improvement from baseline secondary to treatment.

If no, do not approve.

INITIAL DENIAL TEXT: **Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.*

Our guideline named **PENTOSAN POLYSULFATE (Elmiron)** requires the following rule(s) be met for approval:

- A. You have a diagnosis of interstitial cystitis/bladder (painful bladder condition) pain syndrome ongoing for at least six weeks

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RENEWAL CRITERIA

1. Has the patient experienced clinical improvement from baseline secondary to treatment?

If yes, **approve for lifetime by HICL or GPI-10 with a quantity limit of #3 per day.**

If no, do not approve.

DENIAL TEXT: See the renewal denial text at the end of the guideline.

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RENEWAL CRITERIA (CONTINUED)

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **PENTOSAN POLYSULFATE (Elmiron)** requires the following rule(s) be met for renewal:

A. You have experienced clinical improvement from baseline secondary to treatment

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Elmiron.

REFERENCES

- Elmiron [Prescribing Information]. Titusville, New Jersey: Janssen Pharmaceuticals, Inc. September 2018

| Library | Commercial | NSA |
|---------|------------|-----|
| Yes | Yes | No |

Part D Effective: N/A

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