



## MEDICATION POLICY

**Generic Name:** Non-Preferred Mesalamine Products

**Therapeutic Class or Brand Name:** Non-Preferred Mesalamine Products

**Applicable Drugs** (if Therapeutic Class):

Apriso®, Canasa®, Lialda®, and Pentasa®.

Policy also applies to any other Non-Preferred Mesalamine products not listed.

**Date of Origin:** 2/1/13

**Date Last Reviewed/Revised:** 9/23/16

**GPI Code:** 5250003000

### Prior Authorization Criteria (may be considered medically necessary when criteria I through IV are met):

- I. Documented diagnosis of ulcerative colitis.
- II. Must have had a gastrointestinal consult.
- III. Minimum age requirement: 18 years old.
- IV. Documented trial and failure of, or contraindication to, at least two preferred 5-aminosalicylic acid derivative products (i.e. Asacol® HD, balsalazide, Delzicol®, mesalamine, sulfasalazine).

### Exclusion Criteria:

- N/A

### Other Criteria:

- N/A

### Quantity/Days Supply Restrictions:

- Apriso®: 120 capsules per 30 days.
- Canasa®: 1 box of 30 suppositories per 30 days.
- Lialda®: 120 tablets per 30 days.
- Pentasa®: 240 capsules per 30 days.

### Approval Length:

- **Authorization:** 1 year.

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## MEDICATION POLICY

- **Re-Authorization:** An updated letter of medical necessity or progress notes showing improvement or maintenance on medication.

### Appendix:

N/A

### References:

1. [http://www.fchp.org/~media/Files/FCHP/Imported/Lialda\\_mesalamine.pdf.ashx](http://www.fchp.org/~media/Files/FCHP/Imported/Lialda_mesalamine.pdf.ashx).
2. [Medi-Span](#).
3. [http://pi.actavis.com/data\\_stream.asp?product\\_group=1910&p=pi&language=E](http://pi.actavis.com/data_stream.asp?product_group=1910&p=pi&language=E).
4. [http://pi.shirecontent.com/PI/PDFs/Lialda\\_USA\\_ENG.pdf](http://pi.shirecontent.com/PI/PDFs/Lialda_USA_ENG.pdf).
5. [http://pi.shirecontent.com/PI/PDFs/Pentasa\\_USA\\_ENG.pdf](http://pi.shirecontent.com/PI/PDFs/Pentasa_USA_ENG.pdf).
6. <http://cdn.salix.com/shared/pi/aprison-pi.pdf>.

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## MEDICATION POLICY

<b>Historical Tracking Of Changes Made To Policy</b>	
9/23/2016	<ol style="list-style-type: none"><li><b>Changed</b> “IV. Documented trial and failure of, or contraindication to, at least two preferred 5-aminosalicylic acid derivative products (Asacol® HD, balsalazide, Delzicol®, mesalamine, and sulfasalazine)” to “IV. Documented trial and failure of, or contraindication to, at least two preferred 5-aminosalicylic acid derivative products (i.e. Asacol® HD, balsalazide, Delzicol®, mesalamine, sulfasalazine)” <b>under Prior Authorization Criteria.</b></li></ol>
3/10/2015	<ol style="list-style-type: none"><li><b>Added</b> “Apriso®” <b>under Applicable Drugs.</b></li><li><b>Changed</b> “Clinically documented mild to moderate ulcerative colitis” to “Documented diagnosis of ulcerative colitis” <b>under Prior Authorization Criteria.</b></li><li><b>Changed</b> “Documented trial and failure of, or contraindication to, at least two preferred 5-aminosalicylic acid derivative products (Apriso®, Asacol® HD, balsalazide, Delzicol™, mesalamine, and sulfasalazine)” to “Documented trial and failure of, or contraindication to, at least two preferred 5-aminosalicylic acid derivative products (Asacol® HD, balsalazide, Delzicol®, mesalamine, and sulfasalazine)” <b>under Prior Authorization Criteria.</b></li><li><b>Updated</b> “<a href="http://www.canasa.com/pdf/prescribing-info.pdf">http://www.canasa.com/pdf/prescribing-info.pdf</a>” to “<a href="http://pi.actavis.com/data_stream.asp?product_group=1910&amp;p=pi&amp;language=E">http://pi.actavis.com/data_stream.asp?product_group=1910&amp;p=pi&amp;language=E</a>” <b>under References.</b></li><li><b>Added</b> “<a href="http://cdn.salix.com/shared/pi/apriso-pi.pdf">http://cdn.salix.com/shared/pi/apriso-pi.pdf</a>” <b>under References.</b></li></ol>
2/10/2014	<ol style="list-style-type: none"><li><b>Adapted policy to new format.</b></li><li><b>Removed</b> “Asacol®, Asacol® HD” <b>from Applicable Drugs, Quantity/Days Supply Restrictions, and References.</b></li><li><b>Added GPI Code.</b></li><li><b>Added</b> “Asacol® HD” and “Delzicol™” <b>to list of preferred 5-aminosalicylic acid derivative products under Prior Authorization Criteria.</b></li><li><b>Updated references</b> to include Medi-Span.</li></ol>

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