



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: 12/5/17

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.

Disclaimer: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgment in providing the most appropriate care for their patients.



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- **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.
2. [Medi-Span](#).
3. 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.
5. http://pi.shirecontent.com/PI/PDFs/Pentasa_USA_ENG.pdf.
6. <http://shared.salix.com/shared/pi/apriso-pi.pdf>.

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Historical Tracking Of Changes Made To Policy	
12/5/2017	1. Updated “ http://cdn.salix.com/shared/pi/apriso-pi.pdf ” to “ http://shared.salix.com/shared/pi/apriso-pi.pdf ” under References.
9/23/2016	1. Changed “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)” under Prior Authorization Criteria.
3/10/2015	<ol style="list-style-type: none"> 1. Added “Apriso®” under Applicable Drugs. 2. Changed “Clinically documented mild to moderate ulcerative colitis” to “Documented diagnosis of ulcerative colitis” under Prior Authorization Criteria. 3. Changed “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)” under Prior Authorization Criteria. 4. Updated “http://www.canasa.com/pdf/prescribing-info.pdf” to “http://pi.actavis.com/data_stream.asp?product_group=1910&p=pi&language=E” under References. 5. Added “http://cdn.salix.com/shared/pi/apriso-pi.pdf” under References.
2/10/2014	<ol style="list-style-type: none"> 1. Adapted policy to new format. 2. Removed “Asacol®, Asacol® HD” from Applicable Drugs, Quantity/Days Supply Restrictions, and References. 3. Added GPI Code. 4. Added “Asacol® HD” and “Delzicol™” to list of preferred 5-aminosalicylic acid derivative products under Prior Authorization Criteria. 5. Updated references to include Medi-Span.

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