

PHARMACY PRE-AUTHORIZATION CRITERIA

DRUG	<p><u>Mesalamines</u> Asacol Asacol HD Delzicol Dipentum (olsalazine) Mesalamine 800mg Delayed Release (not a generic)</p>
POLICY #	14156
INDICATIONS	<p><u>Ulcerative colitis:</u></p> <p>Asacol HD and Mesalamine 800mg: Treatment of moderately active ulcerative colitis in adults.</p> <p>Delzicol: Treatment of mildly to moderately active ulcerative colitis in patients 12 years and older and for the maintenance of remission of ulcerative colitis in adults.</p> <p>Dipentum: Maintenance of remission of ulcerative colitis in patients who are intolerant of sulfasalazine.</p>
CRITERIA	<p>Asacol, Asacol HD, Delzicol, Dipentum, and Mesalamine 800mg are covered only if the following prior authorization criteria is met:</p> <p>1) Intolerance to, or treatment failure of, a 90 day trial of Apriso (mesalamine extended release capsules), Pentasa, OR Mesalamine 1.2gram Delayed-Release Tablet AND 2) Documented intolerance to, or treatment failure of, a trial of balsalazide (Colazal), budesonide (Entocort EC), or sulfasalazine (Azulfidine)</p>
REFERENCES	Facts & Comparisons Online
P&T REVIEW HISTORY	11/15, 11/16, 11/17, 11/18
REVISION RECORD	11/16, 1/18