

Generic Name: Mesalamine

Therapeutic Class or Brand Name: Non-Preferred Mesalamine Products

Applicable Drugs (if Therapeutic Class): Apriso®, Asacol® HD, Canasa®, Lialda®, and Pentasa®.

Preferred: mesalamine

Non-preferred: Apriso®, Asacol® HD Canasa®, Lialda®, and Pentasa®. Policy also applies to any other Non-Preferred Mesalamine products not listed

Date of Origin: 2/2/2013

Date Last Reviewed / Revised: 1/17/2022

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria 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, all generic formulations of 5-aminosalicylic acid derivative products (i.e. balsalazide, Delzicol®, mesalamine).

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

APPENDIX

N/A.

REFERENCES

1. Medi-Span.
2. Delzicol (mesalamine) [prescribing information]. Madison, NJ: Allergan USA Inc; November 2021. Available at https://www.allergan.com/assets/pdf/delzicol_pi. Accessed January 17, 2022.
3. Lialda (mesalamine) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals America Inc; November 2021. Available at http://pi.shirecontent.com/PI/PDFs/Lialda_USA_ENG.pdf. Accessed January 17, 2022.
4. Pentasa (mesalamine) extended-release capsules [prescribing information]. Lexington, MA: Takeda Pharmaceuticals America Inc; November 2021. Available at http://pi.shirecontent.com/PI/PDFs/Pentasa_USA_ENG.pdf. Accessed January 17, 2022.
5. Asacol HD (mesalamine) delayed-release tablets [prescribing information]. Madison, NJ: Allergan USA Inc; November 2021. Available at http://shared.salix.com/shared/pi/aprison_pi.pdf. Accessed January 17, 2022.

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 judgement in providing the most appropriate care for their patients.