

Generic Name: Mesalamine.

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

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

GPI Code: 5250003000

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: 11/07/2020

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. https://www.allergan.com/assets/pdf/delzicol_pi.
3. http://pi.shirecontent.com/PI/PDFs/Lialda_USA_ENG.pdf.
4. http://pi.shirecontent.com/PI/PDFs/Pentasa_USA_ENG.pdf.
5. <http://shared.salix.com/shared/pi/apriso-pi.pdf>.