UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Elmiron

Program	Prior Authorization
Medication	Elmiron (pentosan polysuflate sodium)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	9/2010
Pharmacy and Therapeutics Approval Date	10/2020
Effective Date	12/2020

1. Background:

Elmiron is indicated for the relief of bladder pain or discomfort associated with interstitial cystitis (IC).

Patients receiving Elmiron should be reassessed after 3 months. If improvement has not occurred and if limiting adverse events are not present, Elmiron may be continued for another 3 months. The clinical value and risks of continued treatment in patients whose pain has not improved by 6 months is not known.

2. Coverage Criteria:

A. <u>Authorization</u>

1. Patient has a documented diagnosis of bladder pain or discomfort associated with interstitial cystitis

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Elmiron [package insert]. Titusville, NJ: Janssen Pharmaceuticals Inc.; June 2020.

Program	Prior Authorization- Elmiron (pentosan polysuflate sodium)
Change Control	
Date	Change
9/2010	New drug policy
9/2011	Annual Review
9/2012	Annual Review
12/2015	Annual Review
10/2016	Updated policy template. Changed initial authorization duration from 6 months to 3 months.
8/2017	Updated reauthorization criteria and reauthorization durations. Updated references.
9/2017	Updated authorization duration to 12 months. Removed reauthorization criteria to allow for Dx to Rx implementation
10/2018	Annual review. Updated background and references.
10/2019	Annual review, updated references.
10/2020	Annual review, updated reference and added additional clinical rules section.