



Elmiron Prior Authorization

Drug Applied:	Elmiron (pentosan polysulfate sodium)
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Criteria:

Drug Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

A. Interstitial cystitis (IC) as indicated by chart notes within past 90 days

1. Patient has a diagnosis of interstitial cystitis (IC), interstitial cystitis/bladder pain syndrome (IC/BPS), or interstitial cystitis/painful bladder syndrome (IC/PBS) **and**
2. Patient has tried and had an inadequate response to behavioral modifications or self-care practices (i.e., altering the concentration and/or volume of urine by fluid restriction or additional hydration; application of local heat or cold over the bladder or perineum; avoidance of certain foods known to be common bladder irritants for IC/BPS patients such as coffee or citrus products; use of an elimination diet to determine which foods or fluids may contribute to symptoms; strategies to manage IC/BPS flare-ups like meditation or imagery; pelvic floor muscle relaxation; bladder training with urge suppression) **and**
3. Patient has tried and had an inadequate response to amitriptyline or cimetidine; or has an intolerance or contraindication to both **and**
4. Patient has had a baseline eye exam with an eye specialist (e.g., optometry, ophthalmology) within 6 months prior to starting the requested agent **and**
5. Chart notes and/or prescriber do not provide documentation that patient has any FDA labeled contraindications included but not limited to hypersensitivity to low-molecular-weight heparins or heparin

Approval Duration: 6 months

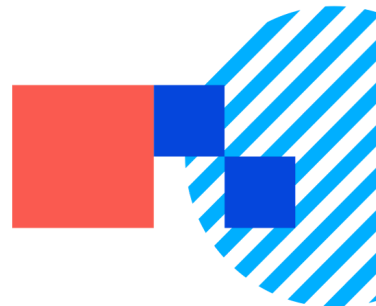
II. Continued Therapy Criteria

A. Interstitial cystitis (IC) as indicated by chart notes within past 90 days

1. Patient meets the initial therapy criteria above **and**
2. Documented clinical benefit since starting the requested agent (i.e., decreased bladder pain, decreased frequency or urgency of urination)

Approval Duration: 3 months

Note: The risks and benefits of continued use in patients whose pain has not improved by 6 months is not yet known.



Policy Owned by: Curative PBM team