

# QUANTITY LIMIT PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**ELMIRON**  
(pentosan polysulfate sodium)

**Status: CVS Caremark® Criteria**

**Type: Quantity Limit; Post Limit Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

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

### INITIAL QUANTITY LIMIT\*\*

#### INITIAL LIMIT QUANTITY

Drug	1 Month Limit*	3 Month Limit*
Elmiron (pentosan polysulfate sodium)	90 capsules / 25 days	270 capsules / 75 days

*\*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

\*\*If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

## COVERAGE CRITERIA

### **Bladder Pain or Discomfort Associated with Interstitial Cystitis**

Authorization may be granted when the requested drug is being prescribed for the relief of bladder pain or discomfort associated with interstitial cystitis.

### QUANTITY LIMITS APPLY

120 capsules per 25 days\* or 360 capsules per 75 days\*

*\*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

### DURATION OF APPROVAL (DOA)

- 2961-HJ: DOA: 6 months

## REFERENCES

1. Elmiron [package insert]. Titusville, New Jersey: Janssen Pharmaceuticals, Inc.; March 2021.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed March 18, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/18/2024).

Elmiron Limit, Post PA Policy UDR 05-2024.docx

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