

PRIOR AUTHORIZATION CRITERIA

BRAND NAME*
(generic)

DIPENTUM
(dysalsazine)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

Ref # 2967- A

* Drugs that are listed in the target drug box include both brand and generic and all dosage forms and strengths unless otherwise stated. OTC products are not included unless otherwise stated.

FDA- APPROVED INDICATIONS

Dipentum is indicated for the maintenance of remission of ulcerative colitis in patients who are intolerant of sulfasalazine.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the maintenance of remission of ulcerative colitis in patients who are intolerant of sulfasalazine.

RATIONALE

The intent of the criteria is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. Dipentum is indicated for the maintenance of remission of ulcerative colitis in patients who are intolerant of sulfasalazine.

REFERENCES

1. Dipentum [package insert]. Somerset, New Jersey: Meda Pharmaceuticals; May 2015.
2. Lexi-Comp Online, AHFS Drug Information Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com>. June 2019.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com>. June 2019.

Written by: UM Development (MAC)
Date Written: 06/2019
Revised:
Reviewed: Medical Affairs (ME) 06/2019
External Review: 10/2019

CRITERIA FOR APPROVAL

- | | | Yes | No |
|---|--|-----|----|
| 1 | Is the requested drug being prescribed for the maintenance of remission of ulcerative colitis in patients who are intolerant of sulfasalazine? | | |

Mapping Instructions			
	Yes	No	DENIAL REASONS – DO NOT USE FOR MED CARE PART D
1	Approve, 12 months	Deny	You do not meet the requirements of your plan. Your plan covers this drug when you have ulcerative colitis and you cannot take sulfasalazine. Your request has been denied based on the information we have. [Short Description: No approvable diagnosis]