PRIOR AUTHORIZATION CRITERIA

BRAND NAME*
(generic)

DIPENTUM
(olsalazine)

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 a patient who is 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 Inc.; October 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, Ohio: UpToDate, Inc.; 2021; Accessed June 10, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed June 10, 2021.

Written by:	UM Development (MAC)
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CRITERIA FOR APPROVAL

1	Is the requested drug being prescribed for the maintenance of remission of ulcerative colitis in a patient who is intolerant of sulfasalazine?	Yes	No

CVS caremark

Mapping Instructions			
	Yes	**No**	**DENIAL REASONS – DO NOT USE FOR MEDICARE PART D**
1.	Approve, 12 months	Deny	You do not meet the requirements of your plan. Your plan covers this drug when all of the following conditions are met: - You are using this drug to maintain the remission of ulcerative colitis - You cannot take sulfasalazine due to an intolerance Your request has been denied based on the information we have. [Short Description: No approvable diagnosis]