

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

DIPENTUM
(olsalazine)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Dipentum is indicated for the maintenance of remission of ulcerative colitis in adult 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

REFERENCES

1. Dipentum [package insert]. Somerset, New Jersey: Meda Pharmaceuticals Inc.; October 2021.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, Ohio: UpToDate, Inc.; 2022; Accessed June 6, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed June 6, 2022.