5-ASA DERIVATIVES, ORAL PREPARATIONS

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

CRITERIA FOR APPROVAL:
1. Is there any reason that the patient cannot be switched to a preferred medication?
   Document details. Acceptable reasons include:
   ▪ Allergy to the preferred medications in this class
   ▪ Contraindication or drug to drug interaction with all preferred medications
   ▪ History of unacceptable side effects
   ▪ Indication involves the upper GI tract (in such cases Pentasa may be approved)

2. The requested medication may be approved if both of the following are true:
   ▪ If there has been a therapeutic failure to no less than a two-month trial each, of at least 2 medications within the same class not requiring prior approval AND
   ▪ The requested medication’s corresponding generic (if a generic is available) has been attempted and failed or is contraindicated.

APPROVED INDICATIONS:
▪ Ulcerative Colitis
▪ Crohn’s disease
▪ Ulcerative Proctitis