

# Mesalamine



**Included Products:** Apriso, Delzicol, Lialda, Pentasa (mesalamine)

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## All Diagnoses

Initial Criteria		If yes	If no
1.	Does the member have Crohn's disease?	Continue to #4.	Continue to #2.
2.	Does the member have ulcerative colitis?	Continue to #3.	Review if disease state is supported.
3.	Is the disease described as active in the small bowel (proximal to the colon)?	Continue to #5.	Continue to #4.
4.	Has the member failed or is intolerant to ONE of the following: sulfasalazine OR balsalazide? Note: documentation of poor disease control from non-compliance of multi-day dosing of these medications will qualify, but adequate trial must first be tried.	Continue to #5.	Do not approve.
5.	Is the request for Pentasa?	Continue to #6.	Continue to #7.
6.	Does the member meet one of the following: a. Failed one of: generic oral mesalamine product (Lialda, Asacol, etc) or Apriso; OR b. Provider states full GI tract involvement requires Pentasa release mechanism	Continue to #7.	Do not approve.
7.	Approve for life.		