

Pentosan Polysulfate Sodium



Included Products: Elmiron (pentosan polysulfate sodium)

Created: 07/15/2013

Revised: 09/14/2017

Reviewed: 09/14/2017

Updated: 09/22/2021

All Diagnoses

Initial Criteria		If yes	If no
1.	Is the prescriber a urologist?	Continue to #2.	Do not approve.
2.	Does the member have a substantiated diagnosis of interstitial cystitis?	Continue to #3.	Do not approve.
3.	Is there documentation of failure of comprehensive non-medication therapies such as fluid management, bladder training with urge suppression and symptom management (muscle stretching, application of heat/cold, avoidance of pain triggers)?	Continue to #4.	Do not approve.
4.	Has the member tried and failed or have a contraindication to a TCA (at maximum tolerated doses) such as amitriptyline (25-100 mg/d), nortriptyline (25-150 mg/d), imipramine (25-200 mg/d) or desipramine (12.5-200 mg/d)?	Continue to #5.	Do not approve.
5.	Approve for 6 months.		
Renewal Criteria		If yes	If no
1.	Has the member been adherent and had an improvement in symptoms, such as a reduction in bladder pain?	Continue to #2.	Do not approve.
2.	Approve for lifetime.		