

Commercial/Healthcare Exchange Step Criteria Effective: January 1, 2021

Step Therapy Name: Ulcerative Colitis

Step 1 Agent(s): mesalamine er 0.375g capsules, mesalamine dr 1.2g tablet

Step 2 Agent(s): Pentasa, Apriso ER, Asacol HD, Lialda, Delzicol, Dipentum

<u>Medication/Class Description</u>: Ulcerative colitis is an inflammatory bowel disease (IBD) that causes long-lasting inflammation and ulcers. Abnormal immune response, genetics, microbiome, and environmental factors all contribute to ulcerative colitis. Research suggests that ulcerative colitis could be triggered by an interaction between a virus or bacterial infection in the colon and the body's immune response.

Required Medical Information:

1. Previous therapies tried/failed

<u>Age Restrictions:</u> Apriso ER, Asacol HD, Dipentum, Pentasa: 18 years of age old or older Delzicol: 5 years of age or older Lialda: Pediatric and adult patients weighing 24 kg and greater

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Exceptions for Stepped Medications

- A. Patient has had an adequate trial and failure of TWO Step 1 agents defined as:
 - **a.** Failure to control or improve symptoms; **OR**
- B. Patient has an intolerance or contraindication to Step 1 agents defined as (but not limited to):
 - a. Allergic reaction
 - **b.** Adverse drug reactions

References:

- 1. Apriso (mesalamine) extended-release capsules [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals; October 2020.
- 2. Asacol HD (mesalamine) delayed-release tablets [prescribing information]. Madison, NJ: Allergan USA Inc; October 2020.
- 3. Delzicol (mesalamine) [prescribing information]. Madison, NJ: Allergan USA Inc; October 2020.
- 4. Dipentum (olsalazine sodium) [prescribing information]. Somerset, NJ: Meda Pharmaceuticals Inc; October 2020.
- 5. Lialda (mesalamine) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals America Inc; October 2020.
- 6. Pentasa (mesalamine) extended-release capsules [prescribing information]. Lexington, MA: Takeda Pharmaceuticals America Inc; October 2020.

Policy Revision history



ConnectiCare.

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/2021

