

mesalamine (ASACOL HD),
DELZICOL (mesalamine),
DIPENTUM (osalazine),
PENTASA (mesalamine)

Diagnoses Considered for Coverage:

- Induction of remission of ulcerative colitis
- Maintenance of remission of ulcerative colitis

Coverage Criteria:

For diagnoses listed above:

- Dose does not exceed FDA approved dosing, **and**
- **For Delzicol, Dipentum, Pentasa:** Inadequate response, or intolerable side effect with Apriso or Lialda, **or**
- **For mesalamine (Asacol HD):** Inadequate response, or intolerable side effect with balsalazide (Colazal).

For Brand Asacol HD:

- Meets coverage criteria for generic formulation, **and**
- Patient is allergic or experienced intolerable side effect to the generic formulation.

Coverage Duration: Length of benefit

Effective: 8/12/2016GF