

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**DIPENTUM**  
(olsalazine)

**Status: CVS Caremark Criteria**  
**Type: Initial Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

Dipentum is indicated for the maintenance of remission of ulcerative colitis in patients who are intolerant of sulfasalazine.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the maintenance of remission of ulcerative colitis in patients who are intolerant of sulfasalazine

### REFERENCES

1. Dipentum [package insert]. Somerset, New Jersey: Meda Pharmaceuticals Inc.; October 2020.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, Ohio: UpToDate, Inc.; 2021; Accessed June 10, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed June 10, 2021.