Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	 April 20, 2012, November 16, 2015

Elmiron® (pentosan)

LENGTH OF AUTHORIZATION: UP TO SIX MONTHS

Review Criteria:
Must provide diagnosis for **interstitial cystitis (IC),** confirmed by diagnosis code(s) **OR** by supporting clinical documentation.

Maximum Dosage Limits:
•*Adults:* 300 mg/day PO.
•*Elderly:* 300 mg/day PO.
•***Children and Adolescents:*** **Safe and effective use has not been established.**