Table of Contents

Elmiron (pentosan polysulfate sodium) 2

Prior Authorization Guideline

Guideline Name	Elmiron (pentosan polysulfate sodium)

Guideline Note:

Effective Date:	7/1/2026

1 . Criteria

Product Name:Elmiron	
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Submission of Medical Records (e.g., chart notes) confirming diagnosis of interstitial cystitis

AND

2 - Submission of Medical Records (e.g., chart notes) documenting 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)

AND

3 - Trial and failure, contraindication, or intolerance 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)

AND

4 - Prescribed by a urologist

Product Name:Elmiron	
Approval Length	Lifetime
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization

Approval Criteria

1 - Patient has been adherent and has had an improvement in symptoms, such as reduction in bladder pain