

Plan: PA Health & Wellness	Submission Date: 05/01/2026
Policy Number: PA.CP.PMN.276	Effective Date: 01/2022 Revision Date: 04/2026
Policy Name: Pentosan Polysulfate Sodium (Elmiron)	
Type of Submission – <u>Check all that apply</u>: ☐ New Policy ☒ Revised Policy* ☐ Annual Review - No Revisions ☐ Statewide PDL - <i>Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.</i>	
*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document. Please provide any changes or clarifying information for the policy below: 2Q 2026 annual review: no significant changes; references reviewed and updated.	
Name of Authorized Individual (Please type or print): Craig A. Butler, MD MBA	Signature of Authorized Individual: 

CLINICAL POLICY

Pentosan Polysulfate Sodium



Clinical Policy: Pentosan Polysulfate Sodium (Elmiron)

Reference Number: PA.CP.PMN.276

Effective Date: 05/2022

Last Review Date: 04/2026

Description

Pentosan polysulfate sodium (Elmiron®) is a semi-synthetically produced heparin-like macromolecular carbohydrate derivative, which chemically and structurally resembles glycosaminoglycans.

FDA Approved Indication(s)

Elmiron is indicated for the relief of bladder pain or discomfort associated with interstitial cystitis.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health and Wellness® that Elmiron is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Interstitial Cystitis (must meet all):

1. Diagnosis of interstitial cystitis with bladder pain or discomfort;
2. Age $\geq$ 16 years;
3. Failure of one of the following, unless clinically significant adverse effects are experienced or all are contraindicated: amitriptyline, cimetidine, hydroxyzine;
4. Dose does not exceed 300 mg (3 capsules) per day.

Approval duration: 6 months

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Therapy

A. Interstitial Cystitis (must meet all):

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 300 mg (3 capsules) per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via PA Health and Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies; or

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2. Refer to PA.CP.PMN.53.

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
amitriptyline	25-100 mg PO QD*	100 mg/day
cimetidine	300-400 mg PO BID *	800 mg/day
hydroxyzine	10-75 mg PO QD*	75 mg/day

Therapeutic alternatives are listed as Brand name[®] (generic) when the drug is available by brand name only and generic (Brand name[®]) when the drug is available by both brand and generic.

**Off-label*

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): known hypersensitivity to the drug, structurally related compounds, or excipients
- Boxed warning(s): none reported

Appendix D: General Information

- Though the use of amitriptyline, cimetidine, and hydroxyzine is off-label for interstitial cystitis (while Elmiron does have an FDA approved indication), the American Urological Association guidelines on interstitial cystitis/bladder pain syndrome (published 2011, amended 2022) recommend all four as second-line treatment options without preference for any one product over the other (evidence strength: grades B, B, C, and B, respectively). The American Urological Association acknowledges that more data is available for Elmiron, but goes on to state that it is insufficient to recommend it over the other treatment options: “[Elmiron] is by far the most-studied oral medication in use for [interstitial cystitis/bladder pain syndrome]... there were seven randomized trials reporting on more than 500 patients from which to draw evidence... The body of evidence strength was categorized as Grade B because although the individual trials were of high quality, the findings from the trials were contradictory... Administration of oral [Elmiron], therefore, is designated an Option.”
- Per Elmiron’s prescribing information, the clinical value and risks of continued treatment in patients whose pain has not improved by 6 months is not known.

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Bladder pain or discomfort associated with interstitial cystitis	100 mg PO TID	300 mg/day

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V. Product Availability

Capsule: 100 mg

VI. References

1. Elmiron Prescribing Information. Titusville, NJ: Janssen Pharmaceuticals, Inc.; July 2024. Available at: www.orthoelmiron.com. Accessed February 13, 2026.
2. Clemens JQ, Erickson DR, Varela NP, Lai HH. Diagnosis and treatment of interstitial cystitis/bladder pain syndrome. *AUA*. 2022;208:34-42. doi.org/10.1097/JU.0000000000002756.

Reviews, Revisions, and Approvals	Date
Policy created per February SDC.	04/2022
2Q 2023 annual review: no significant changes; references reviewed and updated.	04/2023
2Q 2024 annual review: no significant changes; references reviewed and updated.	04/2024
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