

Clinical Policy Title:	colonoscopy preparation products
Policy Number:	RxA.074
Drug(s) Applied:	OsmoPrep®, Sutab®
Original Policy Date:	05/20/2020
Last Review Date:	10/19/2023
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Colonoscopy Preparation (must meet all):

1. Failure of one (1) of the following:
 - a. Adults: Suprep® or Clenpiq® unless contraindicated or clinically significant adverse effects are experienced;
 - b. Pediatric patients 9 years and older: Clenpiq® unless contraindicated or clinically significant adverse effects are experienced.

Approval duration:

Commercial: 4 weeks (One colonoscopy procedure)

Medicaid: 4 weeks (One colonoscopy procedure)

II. Continued Therapy

A. Colonoscopy Preparation (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;

Approval duration:

Commercial: 4 weeks (One colonoscopy procedure)

Medicaid: 4 weeks (One colonoscopy procedure)

References:

Not Applicable

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy was established	01/2020	02/07/2020
Updated Criteria II, A, i to: Currently receiving medication that has been authorized by RxAdvance benefit or member has previously met initial approval criteria.	05/08/2020	05/20/2020

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

<p>Policy was reviewed:</p> <ol style="list-style-type: none"> 1. Sutab was added to this policy. 2. Approval duration for both initial approval criteria and continued therapy criteria was updated to 4 weeks. 	01/29/2021	03/09/2021
<p>Policy was reviewed:</p> <ol style="list-style-type: none"> 1. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 	11/23/2021	1/17/2022
Policy was reviewed.	07/27/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023