



Elmiron
(pentosan polysulfate sodium)

Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922

Please have the information below ready when calling in the authorization.

Member's Last Name	Member's First Name
SCAN ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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<p>1. Does the patient have a diagnosis or indication for the relief of bladder pain or discomfort associated with interstitial cystitis?</p>
<p>2. Is the prescription written by an Urologist?</p>
<p>3. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?</p>

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.