

citric acid-gluconolactone-magnesium carbonate solution (RENACIDIN SOLUTION)

Diagnoses Considered for Coverage:

- Bladder calculi (stone) dissolution

Coverage Criteria:

For diagnosis listed above:

- Dose does not exceed FDA label maximum, **and**
- Not being used to maintain flow of indwelling urethral catheters and cystostomy tubes.

Coverage Duration: one year

References:

1. Renacidin. Prescribing Information. Guardian Laboratories Inc. 2015

Effective Date: 08/30/2023