



Missouri Pharmacy Program – Preferred Drug List



Ulcerative Colitis Agents – Oral

Effective 07/11/2013

Revised 08/29/2019

Preferred Agents

- Balsalazide
- Lialda®
- **Mesalamine (gen Delzicol)**
- Pentasa®
- Sulfasalazine DR & IR

Non-Preferred Agents

- Apriso®
- Asacol HD®
- Azulfidine®
- Azulfidine EN®
- Budesonide (gen Uceris®)
- Colazal®
- Dipentum®
- **Delzicol®**
- Mesalamine (gen Asacol HD®)
- Mesalamine (gen Lialda®)
- Uceris®

Approval Criteria

- Appropriate ages per product
- Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030