



## Missouri Pharmacy Program – Preferred Drug List



### Ulcerative Colitis Agents – Oral

Effective 07/11/2013

Revised 07/12/2018

#### Preferred Agents

- Balsalazide (generic Colazol<sup>®</sup>)
- Delzicol<sup>®</sup> DR Capsules
- Lialda<sup>®</sup> DR Tablets
- Sulfasalazine Tablets
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#### Non-Preferred Agents

- Apriso<sup>®</sup> ER Capsules
- Asacol<sup>®</sup> HD DR Tablets
- Azulfidine<sup>®</sup> Tablets
- Azulfidine EN<sup>®</sup> Tablets
- Colazol<sup>®</sup> Capsules
- Dipentum<sup>®</sup> Capsules
- Giazol<sup>®</sup> Tablets
- Mesalamine (generic Asacol HD)
- Pentasa<sup>®</sup> ER Capsules
- Uceris<sup>®</sup> Tablets

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

### 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