Executive Summary

**Purpose**: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected**: Ulcerative colitis (UC) is a chronic, inflammatory bowel disease that affects roughly one million people in the United States. There is currently no cure for this disease state but the 2018 American Gastroenterological Association guidelines on the management of mild-to-moderate UC offer recommendations on providing symptom relief and improving quality of life through long-term remission. The treatment recommendations include rectal mesalamine which is indicated for the treatment of active mild-to-moderate UC and/or induction or maintenance of remission. Rectal budesonide is indicated for the remission induction in patients with active mild-to-moderate distal UC extending up to 40cm from the anal verge.

Total program savings for the PDL classes will be regularly reviewed.

<table>
<thead>
<tr>
<th>Program-Specific Information:</th>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mesalamine Kit/Supp</td>
<td>• Canasa®</td>
<td></td>
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<tr>
<td></td>
<td>• Mesalamine (gen sfRowasa®)</td>
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<tr>
<td></td>
<td>• Rowasa® Enema/Kit</td>
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<td>• sfRowasa® Enema</td>
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<td></td>
<td>• Uceris® Foam</td>
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</tbody>
</table>

**Type of Criteria**: ☒ Preferred Drug List

**Data Sources**: ☑ Databases + Prescriber-Supplied

**Setting & Population**

- Drug class for review: Ulcerative Colitis Agents, Rectal
- Age range: All appropriate MO HealthNet participants
Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
  - Documented trial period of preferred agents OR
  - 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

Required Documentation

Laboratory Results:  
MedWatch Form:  
Progress Notes:  
Other:  

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

5. USPDI, Micromedx; 2020.
6. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.