



Missouri Pharmacy Program – Preferred Drug List



Ulcerative Colitis Agents – Rectal

Effective 07/11/2013

Revised 07/12/2018

Preferred Agents

- Canasa® Suppository
- Rowasa® Enema/Kit

Non-Preferred Agents

- Mesalamine Enema/Kit
- SfRowasa® Enema
- Uceris® Foam

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 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