



Missouri Pharmacy Program – Preferred Drug List



Ulcerative Colitis- Rectal

Effective 06/19/2009

Revised 01/05/2012

Preferred Agents

- Canasa® Rectal Suppository
- Mesalamine Enema

Non-Preferred Agents

- Rowasa® Enema/Kit
- SFRowasa® Enema

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030