



Missouri Pharmacy Program – Preferred Drug List



Disease Modifying AntiRheumatic Drugs - DMARDS (Immunomodulators)

Effective 07/20/2006

Revised 06/21/2011

Preferred Agents

Available With Clinical Edits

- Ridaura®
- Arava®
- Enbrel®
- Humira®
- Leflunomide

Non-Preferred Agents

Available With Clinical Edits

- Orencia®
- Simponi®
- Cimzia®
- Kineret®
- Remicade®
- **Actemra®**
- **Stelara®**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
All DMARDS) Diagnosis of rheumatoid arthritis with <ul style="list-style-type: none"> ○ Previous trial of methotrexate (past 720 days) <u>OR</u> ○ Contraindication to methotrexate therapy 	Absence of approvable diagnoses
Etanercept only: additional approvable diagnoses <ul style="list-style-type: none"> ○ Psoriatic Arthritis ○ Ankylosing Spondylitis ○ Plaque Psoriasis (chronic moderate to severe) ○ Polyarticular-course Juvenile Rheumatoid Arthritis <ul style="list-style-type: none"> ▪ Pediatric dosing ages 2 years and older 	No history of methotrexate use in the absence of contraindications to methotrexate therapy
Adalimumab only: additional approvable diagnosis <ul style="list-style-type: none"> ○ Psoriatic Arthritis ○ Ankylosing Spondylitis ○ Crohn's Disease ○ Psoriasis ○ Juvenile Idiopathic Arthritis <ul style="list-style-type: none"> ▪ Pediatric dosing ages 4 to 17 years 	Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents <ul style="list-style-type: none"> ○ Documented trial period for preferred agents ○ Documented ADE/ADR to preferred agents
Certolizumab Pegol: <ul style="list-style-type: none"> ○ Crohn's Disease 	Documented compliance on current therapy regimen
Infliximab only: additional approvable diagnoses <ul style="list-style-type: none"> ○ Crohn's Disease (adult & pediatric) <ul style="list-style-type: none"> ▪ Pediatric dosing ages 6 to 17 years ○ Ankylosing Spondylitis ○ Psoriatic Arthritis ○ Ulcerative Colitis ○ Plaque Psoriasis (chronic severe) ○ Juvenile Rheumatoid Arthritis <ul style="list-style-type: none"> ▪ Pediatric dosing ages 4 to 17 years 	
See Attached Approval Diagnoses	Drug Prior Authorization Hotline: (800) 392-8030.

Approval Diagnoses			
Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Rheumatoid Arthritis	714.0 – 714.8	--	720 days
Juvenile Rheumatoid Arthritis	714.30 – 714.33	--	720 days
Psoriatic Arthritis	696.0		720 days
Plaque Psoriasis	696.1	--	720 days
Ankylosing Spondylitis	720.0	--	720 days
Crohn's disease	555		720 days
Ulcerative Colitis	556.0 – 556.9	--	720 days
<i>Contraindications to methotrexate use:</i>			
Alcohol dependence/abuse	303 – 305.3	--	365 days
Ascites	789.5	--	365 days
Agranulocytosis	288.0	--	365 days
Aplastic anemia	284.8	--	365 days
Hypoplastic anemia	284.9	--	365 days
Immunodeficiency	279	--	365 days
HIV	042	--	365 days
Liver disease	570-573	--	365 days
Pleural effusion	511.1, 511.8, 511.9	--	365 days
Renal impairment	580-588	--	365 days
Thrombocytopenia	287.3 – 287.5	--	365 days
Current pregnancy without Prenancy delivery code	V22 – V239, 640 – 648	--	270 days
	632, 634-638, 640-677, V24, V27-V30		270 days