Missouri Pharmacy Program – Preferred Drug List

Targeted Immune Modulators (formerly Biologics – DMARDs)

Effective 07/20/2006
Revised 10/06/2016

Preferred Agents
Available with Clinical Edits

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

Non-Preferred Agents
Available with Clinical Edits

- Actemra®
- Amevive® (discontinued)
- Cimzia®
- Cosentyx®
- Entyvio®
- Kineret®
- Ocrevus®
- Orencia®
- Otezla®
- Otrexup®
- Rasuvo®
- Remicade®
- Simponi®
- Stelara®
- Xeljanz®

Approval Criteria

- (All appropriate DMARDs) Diagnosis of rheumatoid arthritis with
  - Previous trial of methotrexate (past 720 days) OR
  - Contraindication to methotrexate therapy

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>Indication</th>
</tr>
</thead>
</table>
| Abatacept | Ocreva | • RA
  • Juvenile idiopathic arthritis (age 6 and older)
  • Neonatal-onset multisystem inflammatory disease |
| Adalimumab | Humira | • RA
  • Juvenile idiopathic arthritis (age 4 and older)
  • Psoriatic arthritis
  • Ankylosing spondylitis
  • Plaque psoriasis
  • Crohn's patients with inadequate response to conventional treatment
  • Ulcerative colitis patients unresponsive to |
<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>immunosuppressants (adults)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Anakinra | Kineret | • RA patients unresponsive to one or more DMARDS  
|          |        | • Neonatal-onset multisystem inflammatory disease |
| Apremilast | Otezla | • Psoriatic arthritis  
|          |        | • Plaque psoriasis |
| Auranofin | Ridaura | • RA patients unresponsive to conventional therapy |
| Canakinumab | Ilaris | • Juvenile idiopathic arthritis (age 2 and older) |
| Certolizumab Pegol | Cimzia | • RA  
|          |        | • Psoriatic arthritis  
|          |        | • Ankylosing spondylitis  
|          |        | • Crohn's disease patients unresponsive to conventional therapy |
| Entanercept | Enbrel | • RA  
|          |        | • Polyarticular juvenile idiopathic arthritis (age 2 and older)  
|          |        | • Psoriatic arthritis  
|          |        | • Ankylosing spondylitis  
|          |        | • Chronic plaque psoriasis |
| Golimumab | Simponi | • RA in combination with methotrexate  
|          |        | • Psoriatic arthritis  
|          |        | • Ankylosing spondylitis  
|          |        | • Ulcerative colitis patients with inadequate response or intolerant to prior treatment or requiring continuous steroid therapy |
| Infliximab | Remicade | • RA in combination with methotrexate  
|          |        | • Psoriatic arthritis  
|          |        | • Ankylosing spondylitis  
|          |        | • Plaque psoriasis as an alternative  
|          |        | • Crohn's with inadequate response to conventional therapy or to reduce fistula draining  
|          |        | • Ulcerative colitis with inadequate response to conventional therapy  
|          |        | • Pediatric Crohn’s  
<p>|          |        | • Pediatric ulcerative colitis |
| Ixekizumab | Taltz | • Plaque psoriasis |</p>
<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>Indication</th>
</tr>
</thead>
</table>
| Leflunomide  | Arava      | • RA  
• Unlabeled for cytomegalovirus in transplant patients  
• Unlabeled for the prevention of solid organ transplant rejection  |
| Methotrexate | Rheumatrex;  | • Acute lymphoblastic leukemia  
• Trophoblastic neoplasms  
• Breast cancer  
• Head and neck cancer  
• Cutaneous T-cell lymphoma  
• Lung cancer  
• Non-Hodgkin's lymphoma  
• Osteosarcoma  
• Childhood lymphoma  
• Choriocarcinoma  
• Gastric cancer  
• Bladder cancer  
• Burkitt's lymphoma  
• Psoriasis  
• Psoriatic arthritis  
• RA  
• Polyarticular-course juvenile idiopathic arthritis  
• Seronegative arthritides  |
|              | Trexall    |                                                                                                                                                                                                           |
| Methotrexate | Otrexup;    | • RA  
• Polyarticular-course juvenile idiopathic arthritis  
• Plaque Psoriasis  |
|              | Rasuvo     |                                                                                                                                                                                                           |
| Rituximab    | Rituxan    | • RA in combination with methotrexate  
• Non-Hodgkin's lymphoma  
• Chronic Lymphocytic leukemia  |
| Secukinumab  | Cosentyx   | • Psoriatic arthritis  
• **Ankylosing spondylitis**  
• **Plaque psoriasis**  |
| Tocilizumab  | Actemra    | • RA patients unresponsive to one or more DMARDs  
• Polyarticular juvenile idiopathic arthritis  
• Systemic juvenile idiopathic arthritis  |
| Tofacitinib  | Xeljanz    | • RA patients with inadequate response to methotrexate  |
| Ustekinumab  | Stelara    | • Psoriatic Arthritis  
• Plaque psoriasis  |
| Vedolizumab  | Entyvio    | • Ulcerative colitis and Crohn's Disease  |
## Approval Diagnoses

<table>
<thead>
<tr>
<th>Condition</th>
<th>Inferred Drugs</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid Arthritis</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Juvenile Rheumatoid Arthritis</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Psoriatic Arthritis</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Plaque Psoriasis</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Ankylosing Spondylitis</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Crohn’s disease</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Ulcerative Colitis</td>
<td>--</td>
<td>720 days</td>
</tr>
</tbody>
</table>

## Contraindications to methotrexate use:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol dependence/abuse</td>
<td>365 days</td>
</tr>
<tr>
<td>Ascites</td>
<td>365 days</td>
</tr>
<tr>
<td>Agranulocytosis</td>
<td>365 days</td>
</tr>
<tr>
<td>Aplastic anemia</td>
<td>365 days</td>
</tr>
<tr>
<td>Hypoplastic anemia</td>
<td>365 days</td>
</tr>
<tr>
<td>Immunodeficiency</td>
<td>365 days</td>
</tr>
<tr>
<td>HIV</td>
<td>365 days</td>
</tr>
<tr>
<td>Liver disease</td>
<td>365 days</td>
</tr>
<tr>
<td>Pleural effusion</td>
<td>365 days</td>
</tr>
<tr>
<td>Renal impairment</td>
<td>365 days</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>365 days</td>
</tr>
<tr>
<td>Current pregnancy</td>
<td>270 days</td>
</tr>
<tr>
<td>without Prenancy delivery code</td>
<td>270 days</td>
</tr>
</tbody>
</table>

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
  - Documented compliance on current therapy regimen

### Denial Criteria

- Absence of approvable diagnoses
- No history of methotrexate use in the absence of contraindications to methotrexate therapy
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met