



Missouri Pharmacy Program – Preferred Drug List



Methotrexate – Oral and Injectable

Effective 10/05/2017

Revised 10/04/2018

Preferred Agents

- Methotrexate Vial
- Methotrexate PF Vial
- Methotrexate Tablets

Non-Preferred Agents

- Otrexup® Auto-Injector
- Rasuvo® Auto-Injector
- Trexall® Tablets
- **Xatemp® Solution**

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more 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