Missouri Pharmacy Program – Preferred Drug List

Methotrexate Products

Effective 10/05/2017
Revised 10/03/2019

Preferred Agents

• Methotrexate PF Vials
• Methotrexate Tabs
• Methotrexate Vials

Non-Preferred Agents

• Otrexup® Auto-Injector
• Rasuvo® Auto-Injector
• Trexall® Tabs
• Xatmep® Soln

Approval Criteria

• Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents

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