SmartPA Criteria Proposal

**Drug/Drug Class:** Targeted Immune Modulators, Interleukin (IL)-17A Antibody/IL-17 Receptor Antagonists PDL Edit

**First Implementation Date:** January 22, 2004

**Revised Date:** October 14, 2021

**Prepared For:** MO HealthNet

**Prepared By:** MO HealthNet/Conduent

**Criteria Status:** ☒ Revision of Existing Criteria

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**Executive Summary**

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Interleukins (ILs) are pro-inflammatory cytokines that stimulate the recruitment and proliferation of other immune cells, leading to an increase in inflammation at the site of activity. The IL-17 pathway plays a major role in several auto-immune disorders, including psoriasis, psoriatic arthritis, and spondyloarthritis. Taltz® and Cosentyx® selectively bind to interleukin 17A (IL-17A) and inhibit its interaction with the IL-17 receptor while Siliq® binds to the IL-17 receptor and inhibits its interaction with IL-17 cytokines. These agents are commonly reserved for patients with moderate-to-severe cases after failure to control with first line therapies.

Total program savings for the PDL classes will be regularly reviewed.

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**Program-Specific Information:**

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Taltz®</td>
<td>• Cosentyx®</td>
</tr>
<tr>
<td></td>
<td>• Siliq®</td>
</tr>
</tbody>
</table>

**Type of Criteria:**

- ☐ Increased risk of ADE
- ☒ Preferred Drug List
- ☒ Appropriate Indications
- ☐ Clinical Edit

**Data Sources:**

- ☐ Only Administrative Databases
- ☒ Databases + Prescriber-Supplied

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**Setting & Population**

- Drug class for review: Targeted Immune Modulators, Interleukin (IL)-17 Antibody/IL-17 Receptor Antagonists
- Age range: All appropriate MO HealthNet participants aged 18 years or older unless otherwise indicated
Approval Criteria

- Documented compliance on current therapy **OR**
- Adequate therapeutic 6 month trial of tumor necrosis factor (TNF) inhibitors defined as:
  - Combination therapy of 2 TNF inhibitors **OR**
  - Monotherapy of 1 TNF inhibitor **AND**
- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
  - Documented trial period of preferred agent (6 months of therapy) **OR**
  - Documented ADE/ADR to preferred agent **OR**
- Documentation of appropriate diagnosis and participant age range for requested agent:

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ixekizumab</td>
<td>Taltz®</td>
<td>• Ankylosing spondylitis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Non-radiographic axial spondyloarthritis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Plaque psoriasis (aged 6 or older)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Psoriatic arthritis</td>
</tr>
<tr>
<td>Secukinumab</td>
<td>Cosentyx®</td>
<td>• Ankylosing spondylitis</td>
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<td></td>
<td></td>
<td>• Psoriatic arthritis</td>
</tr>
<tr>
<td>Brodalumab</td>
<td>Siliq®</td>
<td>• Plaque psoriasis</td>
</tr>
</tbody>
</table>

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:  
MedWatch Form:  
Progress Notes:  
Other:  

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)  
Rule Type: PDL

Default Approval Period

1 year

References

1. USPDI, Micromedex; 2021.  
2. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.  
6. Evidence-Based Medicine Analysis: “Targeted Immune Modulators (Biologics – DMARDS)”.  
   UMKC-DIC; April 2021.