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 autoimmune disorders, including psoriasis, psoriatic arthritis, and spondylarthritis while the IL-12 and IL-23 pathways are involved in Crohn’s disease, ulcerative colitis and psoriasis. Though these agents have similar targets, they vary in mechanism of action and indication. The agents in this class are all subcutaneous injections except for Stelara® (ustekinumab) being IV in use for Crohn’s disease and ulcerative colitis. 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.

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>Ilumya™</td>
</tr>
<tr>
<td></td>
<td>Siliq®</td>
</tr>
<tr>
<td></td>
<td>Skyrizi™</td>
</tr>
<tr>
<td></td>
<td>Stelara®</td>
</tr>
<tr>
<td></td>
<td>Tremfya®</td>
</tr>
</tbody>
</table>

Type of Criteria: ☑ Increased risk of ADE  ☑ Preferred Drug List

Data Sources: ☑ Only Administrative Databases  ☑ Databases + Prescriber-Supplied
Setting & Population

- Drug class for review: Targeted Immune Modulators, Interleukin (IL)-17 Antibody/IL-17 Receptor Antagonists, IL-23 Inhibitors and IL-23/IL-12 Inhibitors
- Age range: All appropriate MO HealthNet participants aged 18 years or older unless indicated otherwise

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 agents (6 months of therapy)
  - Documented ADE/ADR to preferred agents AND
- 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>Brodalumab</td>
<td>Siliq®</td>
<td>Plaque psoriasis</td>
</tr>
<tr>
<td>Gusekumab</td>
<td>Tremfya</td>
<td>Plaque psoriasis, Psoriatic arthritis</td>
</tr>
<tr>
<td>Ixekizumab</td>
<td>Taltz®</td>
<td>Ankylosing spondylitis, Non-radiographic axial spondyloarthritis, Plaque psoriasis (aged 6 or older), Psoriatic arthritis</td>
</tr>
<tr>
<td>Secukinumab</td>
<td>Cosentyx®</td>
<td>Ankylosing spondylitis, Non-radiographic axial spondyloarthritis, Plaque psoriasis, Psoriatic arthritis</td>
</tr>
<tr>
<td>Tildrakizumab-asmn</td>
<td>Ilumya™</td>
<td>Plaque psoriasis</td>
</tr>
<tr>
<td>Ustekinumab</td>
<td>Stelara®</td>
<td>Plaque psoriasis, Crohn’s disease, Plaque psoriasis (aged 6 or older), Psoriatic Arthritis, Ulcerative colitis</td>
</tr>
<tr>
<td>Risankizumab</td>
<td>Skyrizi™</td>
<td>Plaque psoriasis</td>
</tr>
</tbody>
</table>

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met

Required Documentation

- **Laboratory Results:** 
- **Progress Notes:** 
- **MedWatch Form:** 
- **Other:**

Disposition of Edit

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

**Default Approval Period**

1 year

**References**

2. USPDI, Micromedex; 2020.
3. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.