



Missouri Pharmacy Program – Preferred Drug List



Targeted Immune Modulators

Effective 07/20/2006

Revised 10/04/2018

Preferred Agents

Available With Clinical Edits

- Enbrel® Kit/Pen/Syringe/Cartridge
- Humira® Kit/Pen/Syringe
- **Cosentyx® Pen/Syringe**

Non-Preferred Agents

Available With Clinical Edits

- Actemra® Syringe/Vial
- Cimzia® Kit/Syringe
- Entyvio® (IV)
- Inflectra Vial (IV)
- **Kevzara® Syringe**
- Kineret® Syringe
- Orencia® Clickject/Syringe/Vial
- Otezla® Tablets
- Remicade® (IV)
- **Renflexis® (IV)**
- Siliq® Syringe
- Simponi® Auto-Injector/Syringe
- Simponi® Aria Vial (IV)
- Stelara® Syringe/Vial (IV)
- Taltz® Auto-Injector/Syringe
- **Tremfya® Syringe**
- Xeljanz® Tablets
- Xeljanz® XR Tablets

Approval Criteria

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

Generic	Brand	Indication
Abatacept	Orencia®	<ul style="list-style-type: none"> • RA • Juvenile idiopathic arthritis (age 6 and older); IV only • Neonatal-onset multisystem inflammatory disease
Adalimumab	Humira®	<ul style="list-style-type: none"> • RA • Juvenile idiopathic arthritis (age 2 and older) • Psoriatic arthritis • Ankylosing spondylitis • Plaque psoriasis • Hidradenitis Suppurativa • Uveitis • Crohn's disease patients with inadequate response to conventional treatment (≥ 6 years) • Ulcerative colitis patients unresponsive to immunosuppressants (adults)
Anakinra	Kineret®	<ul style="list-style-type: none"> • RA patients unresponsive to one or more DMARDS • Neonatal-onset multisystem inflammatory disease
Apremilast	Otezla®	<ul style="list-style-type: none"> • Psoriatic arthritis • Plaque psoriasis
Auranofin	Ridaura®	<ul style="list-style-type: none"> • RA patients unresponsive to conventional therapy
Brodalumab	Siliq®	<ul style="list-style-type: none"> • Plaque psoriasis
Canakinumab	Ilaris®	<ul style="list-style-type: none"> • Juvenile idiopathic arthritis (age 2 and older)
Certolizumab Pegol	Cimzia®	<ul style="list-style-type: none"> • RA • Psoriatic arthritis • Ankylosing spondylitis • Crohn's disease patients unresponsive to conventional therapy • Plaque psoriasis
Entanercept	Enbrel®	<ul style="list-style-type: none"> • RA • Polyarticular juvenile idiopathic arthritis (age 2 and older) • Psoriatic arthritis • Ankylosing spondylitis • Chronic plaque psoriasis (age 4 and older)
Guselkumab	Tremfya	<ul style="list-style-type: none"> • Plaque psoriasis
Golimumab	Simponi®	<ul style="list-style-type: none"> • RA in combination with methotrexate (SC, IV) • Psoriatic arthritis (SC) • Ankylosing spondylitis (SC) • Ulcerative colitis patients with inadequate response or intolerant to prior treatment or requiring continuous steroid therapy (SC)

Generic	Brand	Indication
Infliximab	Remicade®, Inflectra®	<ul style="list-style-type: none"> • 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 (age 6 and older) • Pediatric ulcerative colitis (Remicade – age 6 and older)
Ixekizumab	Taltz®	<ul style="list-style-type: none"> • Plaque psoriasis • Psoriatic arthritis
Leflunomide	Arava®	<ul style="list-style-type: none"> • RA • Unlabeled for cytomegalovirus in transplant patients • Unlabeled for the prevention of solid organ transplant rejection
Methotrexate	Trexall®	<ul style="list-style-type: none"> • 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
Methotrexate	Otrexup®; Rasuvo®	<ul style="list-style-type: none"> • RA • Polyarticular-course juvenile idiopathic arthritis • Plaque Psoriasis
Rituximab	Rituxan®	<ul style="list-style-type: none"> • RA in combination with methotrexate • Non-Hodgkin's lymphoma • Chronic Lymphocytic leukemia • Granulomatosis with Polyangitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangitis (MPA)
Sarilumab	Kevzara	<ul style="list-style-type: none"> • Rheumatoid arthritis

Generic	Brand	Indication
Secukinumab	Cosentyx®	<ul style="list-style-type: none"> Psoriatic arthritis Ankylosing spondylitis Plaque psoriasis
Tocilizumab	Actemra®	<ul style="list-style-type: none"> RA patients unresponsive to one or more DMARDs Polyarticular juvenile idiopathic arthritis Systemic juvenile idiopathic arthritis (age 2 or older) IV Giant Cell Arteritis
Tofacitinib	Xeljanz®, Xeljanz XR®	<ul style="list-style-type: none"> RA patients with inadequate response to methotrexate Psoriatic arthritis Ulcerative colitis (Adults)
Ustekinumab	Stelara®	<ul style="list-style-type: none"> Psoriatic Arthritis Plaque psoriasis Moderately to severely active Crohn's Disease
Vedolizumab	Entyvio®	<ul style="list-style-type: none"> Ulcerative colitis and Crohn's Disease

Approval Diagnoses			
Condition	Inferred Drugs	Date Range	
Rheumatoid Arthritis	--	720 days	
Juvenile Rheumatoid Arthritis	--	720 days	
Psoriatic Arthritis		720 days	
Plaque Psoriasis	--	720 days	
Ankylosing Spondylitis	--	720 days	
Crohn's disease		720 days	
Ulcerative Colitis	--	720 days	
Contraindications to methotrexate use:			
Alcohol dependence/abuse	--	365 days	
Ascites	--	365 days	
Agranulocytosis	--	365 days	
Aplastic anemia	--	365 days	
Hypoplastic anemia	--	365 days	
Immunodeficiency	--	365 days	
HIV	--	365 days	
Liver disease	--	365 days	
Pleural effusion	--	365 days	
Renal impairment	--	365 days	
Thrombocytopenia	--	365 days	
Current pregnancy	--	270 days	
without Prenancy delivery code		270 days	

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - o Documented trial period for preferred agents
 - o 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
- Drug Prior Authorization Hotline: (800) 392-8030