



## Missouri Pharmacy Program – Preferred Drug List



### Targeted Immune Modulators

Effective 01/22/2004

Revised 10/03/2019

#### Preferred Agents

Available With Clinical Edits

- Cosentyx®
- Enbrel®
- Humira®
- Leflunomide
- Ridaura®

#### Non-Preferred Agents

Available With Clinical Edits

- Actemra®
- **Arava®**
- **Benlysta®**
- Cimzia®
- Entyvio®
- **Ilumya™**
- Inflectra®
- Kevzara®
- Kineret®
- **Olumiant®**
- Orencia® Vial and ClickJect®
- Otezla®
- Remicade®
- Renflexis®
- Siliq®
- Simponi®
- Simponi® Aria
- **Skyrizi™**
- Stelara®
- Taltz®
- Tremfya®
- Xeljanz®
- Xeljanz® XR

### Approval Criteria

- Documented compliance on current therapy regimen **OR**
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents
- All appropriate agents with diagnosis of rheumatoid arthritis:
  - Previous trial of methotrexate (past 720 days) **OR**
  - Contraindication to methotrexate therapy
- **Cosentyx**
  - **Documented trial period of 1 preferred TNF agent**
- **Xeljanz XR**
  - **Documented trial period of a minimum of 90 days with Xeljanz**

- Kineret
  - Documented trial period of a preferred CAPS agents with diagnosis of Neonatal Onset Multisystem Inflammatory Disease
- **Otezla**
  - **Documented trial period of triamcinolone, tetracycline or colchicine with diagnosis of oral ulcers associated with Behcet's disease**
- Infliximab and Entyvio
  - Documented trial period of Humira with diagnosis of Crohn's disease
- Documentation of approvable diagnosis

## 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