



## Missouri Pharmacy Program – Preferred Drug List



### Disease Modifying AntiRheumatic Drugs - DMARDs (Immunomodulators)

**Effective 07/20/2006**

Revised 01/05/2012

#### Preferred Agents

- Ridaura®
- Arava®
- Enbrel®
- Humira®
- Leflunomide

#### Non-Preferred Agents

- Orencia®
- Simponi®
- Cimzia®
- Kineret®
- Remicade®
- Actemra®
- Stelara®
- **Amevive®**

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none"> <li>• <b>(All appropriate DMARDs)</b> Diagnosis of rheumatoid arthritis with               <ul style="list-style-type: none"> <li>○ Previous trial of methotrexate (past 720 days) <u>OR</u></li> <li>○ Contraindication to methotrexate therapy</li> </ul> </li> </ul>	Absence of approvable diagnoses
<ul style="list-style-type: none"> <li>• Etanercept only: additional approvable diagnoses               <ul style="list-style-type: none"> <li>○ Psoriatic Arthritis</li> <li>○ Ankylosing Spondylitis</li> <li>○ Plaque Psoriasis (chronic moderate to severe)</li> <li>○ Polyarticular-course Juvenile Rheumatoid Arthritis                   <ul style="list-style-type: none"> <li>• Pediatric dosing ages 2 years and older</li> </ul> </li> </ul> </li> </ul>	No history of methotrexate use in the absence of contraindications to methotrexate therapy
<ul style="list-style-type: none"> <li>• Adalimumab only: additional approvable diagnosis               <ul style="list-style-type: none"> <li>○ Psoriatic Arthritis</li> <li>○ Ankylosing Spondylitis</li> <li>○ Crohn's Disease</li> <li>○ Psoriasis</li> <li>○ Juvenile Idiopathic Arthritis                   <ul style="list-style-type: none"> <li>• Pediatric dosing ages 4 to 17 years</li> </ul> </li> </ul> </li> </ul>	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none"> <li>• Certolizumab Pegol only: approvable diagnosis               <ul style="list-style-type: none"> <li>○ Crohn's Disease</li> </ul> </li> </ul>	Therapy will be denied if no approval criteria are met
<ul style="list-style-type: none"> <li>• Ustekinumab only: approvable diagnosis               <ul style="list-style-type: none"> <li>○ Plaque Psoriasis (chronic moderate to severe)</li> </ul> </li> </ul>	Drug Prior Authorization Hotline: (800) 392-8030
<ul style="list-style-type: none"> <li>• Alefacept only: approvable diagnosis               <ul style="list-style-type: none"> <li>○ Moderate to severe chronic plaque psoriasis</li> </ul> </li> </ul>	

<ul style="list-style-type: none"> <li>• Infliximab only: additional approvable diagnoses <ul style="list-style-type: none"> <li>○ Crohn's Disease (adult &amp; pediatric) <ul style="list-style-type: none"> <li>• Pediatric dosing ages 6 to 17 years</li> </ul> </li> <li>○ Ankylosing Spondylitis</li> <li>○ Psoriatic Arthritis</li> <li>○ Ulcerative Colitis</li> <li>○ Plaque Psoriasis (chronic severe)</li> <li>○ Juvenile Rheumatoid Arthritis <ul style="list-style-type: none"> <li>• Pediatric dosing ages 4 to 17 years</li> </ul> </li> </ul> </li> </ul>	
Failure to achieve desired therapeutic outcomes with trial on <b>2 or more preferred agents</b>	
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	

<b>Approval Diagnoses (Appendix B)</b>				
<b>Condition</b>	<b>Submitted ICD-9 Diagnoses</b>	<b>Inferred Drugs</b>	<b>Date Range</b>	<b>Client Approval</b>
Rheumatoid Arthritis	714.0 – 714.8	--	720 days	
Juvenile Rheumatoid Arthritis	714.30 – 714.33	--	720 days	
Psoriatic Arthritis	696.0		720 days	
Plaque Psoriasis	696.1	--	720 days	
Ankylosing Spondylitis	720.0	--	720 days	
Crohn's disease	555		720 days	
Ulcerative Colitis	556.0 – 556.9	--	720 days	
<b>Contraindications to methotrexate use:</b>				
Alcohol dependence/abuse	303 – 305.3	--	365 days	
Ascites	789.5	--	365 days	
Agranulocytosis	288.0	--	365 days	
Aplastic anemia	284.8	--	365 days	
Hypoplastic anemia	284.9	--	365 days	
Immunodeficiency	279	--	365 days	
HIV	042	--	365 days	
Liver disease	570-573	--	365 days	
Pleural effusion	511.1, 511.8, 511.9	--	365 days	
Renal impairment	580-588	--	365 days	
Thrombocytopenia	287.3 – 287.5	--	365 days	
Current pregnancy without Prenancy delivery code	V22 – V239, 640 – 648	--	270 days	
	632, 634-638, 640-677, V24, V27-V30		270 days	