

## METHOTREXATE INJECTIONS

### Otrexup, Rasuvo, RediTrex (methotrexate)

## Pre - PA Allowance

None

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## Prior-Approval Requirements

### Diagnoses

Patient must have **ONE** of the following:

**Age** 2 years of age or older

1. Active Polyarticular Juvenile Idiopathic Arthritis (pJIA)
  - a. An inadequate response, intolerance, or contraindication to NSAIDs, and oral methotrexate

**Age** 18 years of age or older

1. Severely Active Rheumatoid Arthritis (RA)
  - a. An inadequate response, intolerance, or contraindication to NSAIDs, and oral methotrexate

**OR**

2. Active Psoriasis (PsO)
  - a. An inadequate response, intolerance, or contraindication to NSAIDs, topical corticosteroids and oral methotrexate

**AND ALL** of the following:

1. Must have documented reason for requiring special injection device such as: lack of dexterity, visual acuity issues
2. **NOT** being used in combination with another form or brand of methotrexate
3. Prescriber agrees to comply with regular monitoring of blood counts, renal function, and hepatic function testing
4. Females of reproductive potential **only**:
  - a. Must have a negative pregnancy test prior to initiating therapy
  - b. **Otrexup** and **Reditrex**: patient will be advised to use effective contraception during treatment and for 6 months after the final dose

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- c. **Rasuvo:** patient will be advised to use effective contraception during treatment and for at least one ovulatory cycle after the final dose
- 5. Males with female partners of reproductive potential **only:** patient will be advised to use effective contraception during treatment and for at least 3 months after the final dose

## **Prior - Approval Limits**

**Duration** 12 months

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## **Prior – Approval *Renewal* Requirements**

### **Diagnoses**

Patient must have **ONE** of the following:

**Age** 2 years of age or older

- 1. Polyarticular Juvenile Idiopathic Arthritis (JIA)

**Age** 18 years of age or older

- 1. Rheumatoid Arthritis (RA)
- 2. Psoriasis (PsO)

**AND ALL** of the following:

- 1. Condition has improved or stabilized
- 2. **NOT** being used in combination with another form or brand of methotrexate
- 3. Prescriber agrees to comply with regular monitoring of blood counts, renal function, and hepatic function testing
- 4. Females of reproductive potential **only:**
  - a. **Otrexup** and **Reditrex:** patient will be advised to use effective contraception during treatment and for 6 months after the final dose
  - b. **Rasuvo:** patient will be advised to use effective contraception during treatment and for at least one ovulatory cycle after the final dose

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5. Males with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment and for at least 3 months after the final dose

**Prior - Approval *Renewal* Limits**

Same as above