Reference number(s)
5912-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☑
Standard Control – Choice (SCCF)	☑
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☑
Advanced Control Specialty – Choice (ACSCF)	☑
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☑
New to Market (NTM)	☐

Formulary	Applies
Standard Formulary Chart (SFC)	☐
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☐
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Combined Benefit Medical (CBM)	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Injectable Methotrexate

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Control Formulary (SF), Standard Control Chocice Formulary (SCCF), Advanced Control Specialty Formulary (ACSF), Advanced Control Specialty – Choice Formulary (ACSCF), and Value Formulary (VF).

Plan Design Summary

This program applies to the injectable methotrexate products specified in this document. Coverage for the targeted products is provided based on clinical circumstances that would exclude the use of the preferred products and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Injectable Methotrexate Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Product(s)
Preferred	• methotrexate injection (generic) • Otrexup (methotrexate, subcutaneous injection)
Target	• Rasuvo (methotrexate, subcutaneous injection) • RediTrex (methotrexate, subcutaneous injection)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for the targeted products is provided when either of the following criteria is met:

- The member has had a documented intolerable adverse event to both of the preferred products, generic methotrexate injection and Otrexup, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
- The member meets both of the following criteria:
    - The member has had a documented intolerable adverse event to the preferred product Otrexup, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.
    - The member is unable to prepare and administer generic methotrexate injection due to dexterity issues.

References

1. Methotrexate injection [package insert]. Lake Forest, IL: Hospira, Inc.; November 2023.
2. Otrexup [package insert]. Ewing, NJ: Antares Pharma, Inc.; January 2025.
3. Rasuvo [package insert]. Chicago, IL: Medexus Pharma Inc.; December 2024.
4. RediTrex [package insert]. Nashville, TN: Cumberland Pharmaceuticals, Inc.; October 2022.

