

POLICY AND PROCEDURE

POLICY NUMBER: *RX.PA.223.E*

REVISION DATE: *06/15*

PAGE NUMBER: 1 of 3

POLICY TITLE: *Otrexup and Rasuvo (methotrexate subcutaneous)*
DEPARTMENT: *Clinical Pharmacy Services- Utilization Management*
ORIGINAL DATE: *January 2014 (as adopted from UPMC Health Plan)*

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	<input type="checkbox"/> HMO <input type="checkbox"/> PPO Products: <input type="checkbox"/> Small Exchange: <input type="checkbox"/> Shop <input checked="" type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large
OTHER	<input checked="" type="checkbox"/> Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Otrexup and Rasuvo (methotrexate subcutaneous).

Otrexup and Rasuvo (Methotrexate) are indicated for the:

- Management of severe, active rheumatoid arthritis who had an inadequate response or cannot tolerate first-line therapy
- Management of polyarticular juvenile idiopathic arthritis (pJIA) in patients who had an inadequate response or cannot tolerate first-line therapy
- Symptomatic control of severe, recalcitrant, disabling psoriasis in adult patients who did not respond to other therapies

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Otrexup and Rasuvo (methotrexate subcutaneous), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must have a diagnosis of rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, or psoriasis
- Must be prescribed by a rheumatologist for the diagnosis of rheumatoid arthritis or polyarticular juvenile idiopathic arthritis OR by a dermatologist for the diagnosis of psoriasis
- Must have had an inadequate response to at least a 3-month trial of oral methotrexate or generic subcutaneous methotrexate OR have had a significant side effect/toxicity to oral methotrexate
- For Otrexup (methotrexate):
 - Must have an adequate trial of Rasuvo (methotrexate) with an inadequate response despite dose titration or significant side effects/toxicity

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.



Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial
Quantity Level Limit	
Otrexup	1 package (4 auto-injectors) per 28 days
Rasuvo	1 package (4 auto-injectors) per 28 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Otrexup [package insert]. Ewing, NJ: Antares Pharma, Inc; 2013
2. Rasvuo [package insert]. Chicago, IL: Medac Pharma Inc. July 2014.
3. American College of Rheumatology. 2012 Update of the 2008 American College of Rheumatology Recommendations for the Use of Disease-Modifying Antirheumatic Drugs and Biologic Agents in the Treatment of Rheumatoid Arthritis. Arthritis Care & Research. 2012;64(5):625-639.
4. American College of Rheumatology. 2013 Update of the 2011 American College of Rheumatology Recommendations for the Treatment of Juvenile Idiopathic Arthritis. Arthritis & Rheumatism. 2013;65(10):2499-2512.
5. American Academy of Dermatology. Guidelines of care for the management of psoriasis and psoriatic arthritis. Journal of the American Academy of Dermatology. 2009;61(3):451-485.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

