

OTREXUP (methotrexate, SQ)

Diagnoses Considered for Coverage:

- Plaque psoriasis
- Polyarticular juvenile idiopathic arthritis (pJIA)
- Rheumatoid arthritis (RA)

Coverage Criteria:

For diagnoses listed above:

- Intolerable side effect to oral or injectable methotrexate given into the muscle that is not also expected with the use of Otrexup, **and**
- Patient does not have methotrexate-resistant disease, **and**
- Dose not to exceed 25 mg given under the skin once per week.

Coverage Duration: one year

Effective Date: 11/29/2023