

methotrexate subcutaneous injection (RASUVO)

Diagnoses Considered for Coverage:

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

Coverage Criteria:

For diagnoses listed above:

- Intolerable side effect or contraindication to oral and injectable methotrexate that is not also expected with the use of Rasuvo SQ therapy, **and**
- Patient does not have methotrexate-resistant disease, **and**
- Dose not to exceed 30 mg per week.

Coverage Duration: one year

Effective Date: 11/29/2023