

methotrexate subcutaneous injection (REDITREX)

Diagnoses Considered for Coverage:

- Severe Rheumatoid Arthritis
- Polyarticular Juvenile Idiopathic Arthritis (pJIA)
- Psoriasis

Coverage Criteria:

For diagnoses listed above:

- Intolerable side effect to oral and injectable methotrexate given into the muscle that is not also expected with the use of Reditrex, **and**
- Patient does not have methotrexate-resistant disease, **and**
- Dose not to exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 11/29/2023