



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 3045-7
Program	Step Therapy - Methotrexate Injection
Medication	Rasuvo™ (methotrexate injection), Otrexup™ (methotrexate injection)* *Otrexup is excluded for the majority of our benefits
P&T Approval Date	12/2014, 11/2015, 9/2016, 9/2017, 9/2018
Effective Date	12/1/2018; Oxford only: 12/1/2018

1. Background:

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try oral methotrexate tablets before providing coverage of Rasuvo or Otrexup.

If a member has a prescription for oral methotrexate tablets or methotrexate vials in the claims history within the previous 12 months, the claim for Rasuvo or Otrexup will automatically process.

2. Coverage Criteria^a:

<p>A. Rasuvo or Otrexup will be approved based on the following criterion:</p> <ol style="list-style-type: none">History of failure, contraindication or intolerance to oral methotrexate tablets. <p>Authorization will be issued for 60 months.</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>

3. Additional Clinical Rules:

- Supply limits may be in place.
- Otrexup is excluded for the majority of our benefits.
- Tried/Failed criteria may be in place for businesses unable to exclude. Please refer to plan specifics to determine exclusion status.

4. References:

1. Rasuvo [Prescribing Information]. Medac Pharma, Inc. Chicago IL. March 2018.
2. Otrexup [Prescribing Information]. Antares Pharma, Inc. Ewing, NJ. February 2018.

Program	Step Therapy – Methotrexate Injection
Change Control	
Date	Change
12/2014	New program.
11/2015	Annual Review. Updated references. Added Maryland Continuation of Care
7/2016	Added Indiana and West Virginia coverage information.
9/2016	Annual Review. Updated references.
11/2016	Administrative change. Added California coverage information.
9/2017	Annual Review. Updated state mandate language.
9/2018	Annual Review. Updated references.