



**GEORGIA MEDICAID FEE-FOR-SERVICE  
METHOTREXATE PA SUMMARY**

Preferred	Non-Preferred
Methotrexate injection, tablets generic	Jylamvo (methotrexate oral solution) Otrexup (methotrexate auto-injector) Rasuvo (methotrexate auto-injector) Reditrex (methotrexate prefilled syringe) Xatmep (methotrexate oral solution)

**LENGTH OF AUTHORIZATION:** 1 year

**PA CRITERIA:**

*Jylamvo*

- ❖ Approvable for members 18 years of age or older with a diagnosis of acute lymphoblastic leukemia (ALL) or relapsed or refractory non-Hodgkin lymphoma when used as a component of a combination chemotherapy maintenance regimen.
- ❖ Approvable for members 18 years of age or older with a diagnosis of mycosis fungoides or severe psoriasis.
- ❖ Approvable for members 18 years of age or older with a diagnosis of rheumatoid arthritis (RA) who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with non-steroidal drugs (NSAIDs).

*AND*

- ❖ For all diagnoses, members must not be able to swallow solid oral dosage formulations (i.e., tablets, capsules).

*Otrexup, Rasuvo and Reditrex*

- ❖ Approvable for members 2 years of age or older with a diagnosis of severe, active rheumatoid arthritis (RA) or severe, active polyarticular juvenile idiopathic arthritis (pJIA) who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with non-steroidal drugs (NSAIDs) and have experienced inadequate response or intolerable side effect with oral methotrexate.
- ❖ Approvable for members 18 years of age or older with a diagnosis of severe, recalcitrant, disabling psoriasis who have experienced inadequate response or intolerable side effect with oral methotrexate.

*AND*

- ❖ For all diagnoses, member must be unable to receive generic injectable methotrexate administered in a physician's office due to transportation difficulties.



*Xatmep*

- ❖ Approvable for members 2 to 17 years of age with a diagnosis of acute lymphoblastic leukemia (ALL) when used as a component of a combination chemotherapy maintenance regimen.
- ❖ Approvable for members 2 to 17 years of age with a diagnosis of active polyarticular juvenile idiopathic arthritis (pJIA) who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with non-steroidal drugs (NSAIDs).

*AND*

- ❖ For all diagnoses, members 12-17 years of age must not be able to swallow solid oral dosage formulations (i.e., tablets, capsules).

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.