GEORGIA MEDICAID FEE-FOR-SERVICE
METHOTREXATE PRODUCTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methotrexate injection, tablets generic</td>
<td>Otrexup (methotrexate auto-injector)</td>
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<tr>
<td></td>
<td>Rasuvo (methotrexate auto-injector)</td>
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<tr>
<td></td>
<td>Xatmep (methotrexate oral solution)</td>
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LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

**Otrexup and Rasuvo**

- Approvable for members 18 years or older with a diagnosis of rheumatoid arthritis or psoriasis who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with non-steroidal drugs (NSAIDs) and have experienced ineffectiveness or intolerable side effect with oral methotrexate.
- Approvable for members 2 to 17 years of age with a diagnosis of polyarticular juvenile idiopathic arthritis (pJIA) who have experienced ineffectiveness 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 polyarticular juvenile idiopathic arthritis (pJIA) who have experienced ineffectiveness, 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 or digest solid oral dosage forms (i.e., tablets).

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](http://dch.georgia.gov/preferred-drug-lists).

Revised 8/15/2017
PA and APPEAL PROCESS:

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

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