

Clinical Policy: Methotrexate (Otrexup, Rasuvo, Xatmep)

Reference Number: CP.PHAR.134

Effective Date: 12.01.18

Last Review Date: 11.18

Line of Business: Commercial, Medicaid, HIM-Medical Benefit

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Methotrexate injection (Otrexup[™], Rasuvo[®]) and oral solution (Xatmep[®]) are folate analog metabolic inhibitors.

FDA Approved Indication(s)

Otrexup and Rasuvo are indicated for:

- Management of selected adults with severe, active rheumatoid arthritis (RA), or children with active polyarticular juvenile idiopathic arthritis (pJIA), who have had an insufficient therapeutic response to, or are intolerant of, an adequate trial of first-line therapy including full dose non-steroidal anti-inflammatory agents (NSAIDs)
- In adults for the symptomatic control of severe, recalcitrant, disabling psoriasis (PsO) that is not adequately responsive to other forms of therapy, but only when the diagnosis has been established, as by biopsy and/or after dermatologic consultation

Limitation(s) of use: Otrexup and Rasuvo are not indicated for the treatment of neoplastic diseases.

Xatmep is indicated for:

- Treatment of pediatric patients with acute lymphoblastic leukemia (ALL) as a component of a combination chemotherapy maintenance regimen
- Management of pediatric patients with active polyarticular juvenile idiopathic arthritis (pJIA) who are intolerant of or had an inadequate response to first-line therapy

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation[®] that Otrexup, Rasuvo, and Xatmep are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Polyarticular Juvenile Idiopathic Arthritis (must meet all):

1. Diagnosis of PJIA;
2. Prescribed by or in consultation with a rheumatologist;
3. Member meets one of the following (a or b):
 - a. For Otrexup or Rasuvo: age \geq 2 years;

- b. For Xatmep: age \leq 18 years;
4. For Otrexup or Rasuvo: failure of generic methotrexate injection, unless contraindicated or clinically significant adverse effects are experienced;
5. For Xatmep: documentation supports inability to swallow pills;
6. Prescribed dose does not exceed the following:
 - a. Otresup or Ravuso: 20 mg per week;
 - b. Xatmep: 30 mg/m² per week.

Medicaid/HIM – 6 months

Commercial – Length of Benefit

B. Rheumatoid Arthritis or Psoriasis (must meet all):

1. Request is for Otrexup or Rasuvo;
2. Diagnosis of RA or PsO;
3. For RA: prescribed by or in consultation with a rheumatologist;
4. For PsO: by or in consultation with a rheumatologist or a dermatologist;
5. Age \geq 2 years;
6. Failure of generic methotrexate injection, unless contraindicated or clinically significant adverse effects are experienced;
7. Prescribed dose does not exceed the following:
 - a. RA: 20 mg per week;
 - b. Psoriasis: 30 mg per week.

Medicaid/HIM – 6 months

Commercial – Length of Benefit

C. Acute Lymphoblastic Leukemia (must meet all):

1. Request is for Xatmep;
2. Diagnosis of ALL;
3. Prescribed by by or in consultation with an oncologist or hematologist;
4. Age \leq 18 years;
5. Medical justification as to why member cannot use methotrexate tablets;
6. Dose does not exceed 30 mg/m² per week.

Approval duration:

Medicaid/HIM – 6 months

Commercial – Length of Benefit

D. Other diagnoses/indications

1. Refer to CP.CPA.09 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications in Section I (must meet all):

1. Member meets one of the following (a or b):
 - a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
 - b. Documentation supports that member is currently receiving Xatmep for ALL and has received this medication for at least 30 days

2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed the following:
 - a. Otrexup or Ravuso:
 - i. RA, pJIA: 20 mg per week;
 - ii. Psoriasis: 30 mg per week;
 - b. Xatmep: 30 mg/m² per week.

Approval duration:

Medicaid/HIM – 12 months

Commercial – Length of Benefit

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.

Approval duration: Duration of request or 12 months (whichever is less); or

2. Refer to CP.CPA.09 if diagnosis is NOT listed under section III (Diagnoses/Indications for which coverage is NOT authorized),

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – CP.CPA.09 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation Key

ALL: acute lymphoblastic leukemia

FDA: Food and Drug Administration

PJIA: polyarticular juvenile idiopathic arthritis

PsO: psoriasis

RA: rheumatoid arthritis

Appendix B: Therapeutic Alternatives

| Drug Name | Dosing Regimen | Dose Limit/ Maximum Dose |
|------------------------|--|--|
| methotrexate injection | <p>RA 7.5 mg SC once weekly</p> <p>PJIA 10 mg/m² SC once weekly</p> <p>PsO 10-25 mg SC once weekly</p> | RA, pJIA: 20 mg/week; PsO: 30 mg/week |
| methotrexate tablets | <p>ALL, PJIA 10 – 30 mg/m² once weekly</p> | 30 mg/m ² /week |

Therapeutic alternatives are listed as Brand name[®] (generic) when the drug is available by brand name only and generic (Brand name[®]) when the drug is available by both brand and generic.

Appendix C: General Information

- Otrexup and Rasuvo are not indicated for the treatment of neoplastic diseases.

V. Dosage and Administration

| Drug Name | Indication | Dosing Regimen | Maximum Dose |
|--|------------|-------------------------------------|----------------------------|
| Methotrexate injection (Otrexup, Rasuvo) | RA | 7.5 mg SC once weekly | 20 mg/week |
| | PJIA | 10 mg/m ² SC once weekly | 20 mg/week |
| | PsO | 10-25 mg SC once weekly | 30 mg/week |
| Methotrexate oral solution (Xatmep) | ALL | 20 mg/m ² PO once weekly | 20 mg/m ² /week |
| | PJIA | 10 mg/m ² PO once weekly | 30 mg/m ² /week |

VI. Product Availability

| Drug | Availability |
|-------------------------------------|--|
| Methotrexate injection (Otrexup) | Auto-injector: 10 mg/0.4 mL, 12.5 mg/0.4 mL, 15 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL |
| Methotrexate injection (Rasuvo) | Auto-injector: 7.5 mg/0.15 mL, 10 mg/0.2 mL, 12.5 mg/0.25 mL, 15 mg/0.3 mL, 17.5 mg/0.35 mL, 20 mg/0.4 mL, 22.5 mg/0.45 mL, 25 mg/0.5 mL, 30 mg per 0.6 mL |
| Methotrexate oral solution (Xatmep) | 2.5 mg/mL in a 120 mL bottle |

VII. References

- Otrexup Prescribing Information. Ewing, NJ : Antares Pharma, Inc. February 2018. Available at: www.otrexup.com. Accessed July 18, 2018.
- Rasuvo Prescribing Information. Chicago, IL : Medac Pharma, Inc. March 2018. Available at: <http://cdn.rasuvo.com/assets/pdf/Prescribing-Information-current.pdf>. Accessed July 18, 2018.
- Xatmep Prescribing Information. Greenwood Village, CO: Silvergate Pharmaceuticals, Inc.; April 2017. Available at: <http://silvergatepharma.com/wp-content/uploads/2017/04/PI-4-26-17.pdf>. Accessed July 18, 2018.
- Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: <http://www.clinicalpharmacology-ip.com/>. Accessed July 18, 2018.

| Reviews, Revisions, and Approvals | Date | P&T Approval Date |
|--|----------|-------------------|
| Policy created: adapted from CP.CPA.193 added Medicaid and HIM Medical added; added Xatmep to policy; added specialist requirement; added age limits; references reviewed and updated. | 07.31.18 | 11.18 |
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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted

standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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