

**Xatmep (methotrexate oral solution)**  
**Effective 10/01/2020**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### Overview

Methotrexate is a folate antimetabolite that inhibits DNA synthesis, repair, and cellular replication. Xatmep is methotrexate available in an oral solution.

### Coverage Guidelines

Authorization may be granted for members who are currently receiving treatment with Xatmep excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

### OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member is < 13 years of age
2. The member has a diagnosis of acute lymphoblastic leukemia (ALL) or polyarticular juvenile idiopathic arthritis (pJIA)
3. Clinical rationale for why generic methotrexate tablets AND generic injectable methotrexate are not appropriate therapies

### Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

### Limitations

1. Initial approvals and reauthorizations will be approved for 12 months
2. The following quantity limits apply:

Xatmep	60 mL per 30 days
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**References**

1. Xatmep (methotrexate) [prescribing information]. Greenwood Village, CO; Silvergate Pharmaceuticals, Inc; December 2018
2. Methotrexate injection [prescribing information]. Lake Forest, IL: Hospira Inc; April 2018
3. Methotrexate tablets [prescribing information]. Morgantown WV: Mylan Pharmaceuticals Inc; May 2018.

**Review History**

07/22/2020 – Reviewed and Created July P&T. Effective 10/01/2020.

