

Xatmep (methotrexate oral solution) Effective 10/01/2020 ☐ MassHealth UPPL Plan Prior Authorization □ Commercial/Exchange **Program Type** ☐ Quantity Limit □ Pharmacy Benefit ☐ Step Therapy **Benefit** ☐ Medical Benefit Specialty N/A Limitations **Medical and Specialty Medications** All Plans Phone: 877-519-1908 Fax: 855-540-3693 Contact Information **Non-Specialty Medications All Plans** Phone: 800-711-4555 Fax: 844-403-1029

Overview

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

Coverage Guidelines

Exceptions

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

N/A

- 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

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.

