

Xatmep (methotrexate oral solution)
Effective 07/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	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
Exceptions	N/A		

Overview

Xatmep (methotrexate) is a folate analog metabolic inhibitor indicated for the:

- 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

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program

OR

Authorization may be granted for members when all the following criteria are met:

1. Member is less than 13 years of age
2. Member has one of the following diagnoses:
 - a. Acute lymphoblastic leukemia (ALL)
 - b. Polyarticular juvenile idiopathic arthritis (pJIA)
3. Clinical rationale for why generic methotrexate tablets AND generic injectable methotrexate are not appropriate therapies

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. 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:

Drug Name and Dosage Form	Quantity Limit
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Xatmep oral solution	2 mL per day
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References

1. Methotrexate injection [prescribing information]. Lake Forest, IL: Hospira Inc; April 2018
2. Methotrexate tablets [prescribing information]. Morgantown WV: Mylan Pharmaceuticals Inc; May 2018.
3. Xatmep (methotrexate) [prescribing information]. Wilmington, MA; Azurity Pharmaceuticals; September 2020.

Review History

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

06/11/2025 – Reviewed and Updated at June P&T. Updated language for members who are new to the Plan. Effective 07/01/2025.

