

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

<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		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	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
Xatmep oral solution	2 mL per day

**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.

