**Overview**
Methotrexate is a folate antimitabolite 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

**References**
399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org
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

Review History

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