

Xatmep (methotrexate) Oral Solution

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Xatmep (methotrexate) Oral Solution

APPROVAL CRITERIA

Requests for Xatmep (methotrexate) oral solution may be approved if the following criteria are met:

- I. Individual is 18 years or younger; **AND**
- II. Individual is unable to swallow the oral tablet dose form due to a clinical condition such as but not limited to the following:
 - A. Dysphagia; **OR**
 - B. Individual's age;

AND

- III. Individual has a diagnosis of Polyarticular Juvenile Idiopathic Arthritis (PJIA); **AND**
- IV. Insufficient therapeutic response to, or are intolerant of, and adequate trial of first line therapy (including full dose non-steroidal anti-inflammatory agents (NSAIDs);
OR
- V. Individual has a diagnosis of Acute Lymphoblastic Leukemia (ALL) in combination with a chemotherapy maintenance regimen.

State Specific Mandates		
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.