

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

\*FHK- Florida Healthy Kids

## 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	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	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.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.