

**methotrexate oral solution (XATMEP)**

**Diagnosis Considered for Coverage:**

- Acute lymphoblastic leukemia (ALL)
- Polyarticular juvenile idiopathic arthritis (pJIA)

**Coverage Criteria:**

**For diagnoses listed above:**

- Intolerance or contraindication to methotrexate tablet not expected with Xatmep, **and**
- Dose not to exceed FDA label maximum.

**Coverage Duration:** one year

Effective Date: 09/27/2023