

2.5 mg/mL

Checklist for Prior Authorization Submission

As with most branded medications, your patient's health plan may require a Prior Authorization (PA) before it approves Xatmep® (methotrexate). The checklist below provides basic guidance on what may be needed to obtain a PA decision. It's important to note that PA requirements will vary among insurers. We encourage health providers to review PA quidelines on the insurer's website or to contact the insurer's customer service department to confirm requirements, forms, and contacts.

Use of this checklist does not guarantee coverage nor does it guarantee that a health plan will provide reimbursement for Xatmep®. This checklist is not intended to be a substitute for or to influence the independent medical judgment of the health care provider.

Completed PA Request Form*

Clinical Documentation Such As:

If required, complete and submit the PA request form to the insurer. PA forms can be obtained through the insurer's website or by contacting the insurer's customer service department.

Diagnosis	
Letter of Medical Necessity	
Office visit notes, progress report notes, and/or clinical notes	
Previously tried and/or failed Medication(s):	
□ Relevant information regarding treatment decision to prescribe Xatmep®	
Other	
If the information below is not part of the PA request form, it may be beneficial to provide to the insurer:	
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For expedited requests, adequate information should be provided to support the urgent nature of the request.



^{*}Specific prior authorization forms may need to be completed for select products or therapeutic areas. Always verify that the correct form has been completed.