



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Methylphenidate Products Page: 1 of 4

Effective Date: 12/16/2022 Last Review Date: 3/2022

Applies to: Illinois Florida Florida Kids
 New Jersey Maryland Michigan
 Pennsylvania Kids Virginia

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for methylphenidate products under the patient's prescription drug benefit.

Description:

Adhansia XR, Aptensio XR, Jornay PM

These products are indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older.

Concerta, Methylphenidate Osmotic ER

These products are indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children 6 years of age and older, adolescents, and adults up to the age of 65.

Cotempla XR-ODT

Cotempla XR-ODT is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in pediatric patients 6 to 17 years of age.

Daytrana, Focalin, Focalin XR, Methylphenidate CD, QuilliChew ER, Quillivant XR

These products are indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD).

Methylphenidate Chewable Tablets

Attention Deficit Disorders

Narcolepsy

Methylphenidate, Methylphenidate Extended Release, Methylin Oral Solution, Ritalin, Ritalin SR

Attention Deficit Hyperactivity Disorder (ADHD) in adults and pediatric patients 6 years of age and older.

Narcolepsy

Relexxii

Relexxii is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in adults (up to the age of 65 years) and pediatric patients 6 years of age and older.

Ritalin LA



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Ritalin LA is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in pediatric patients 6 to 12 years of age.

Compendial Uses

Narcolepsy

Cancer-related fatigue

Applicable Drug List:

Dexmethylphenidate

Methylphenidate capsule CD

Methylphenidate chew

Methylphenidate solution

Methylphenidate IR tablet

Methylphenidate tablet ER

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- Patient has a diagnosis of Attention-Deficit Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD)
AND
- If 5 years of age or younger, the patient continues to have Attention-Deficit Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD) symptoms despite participating in evidence-based behavioral therapy (e.g., parent training in behavior management (PTBM), behavioral classroom interventions)
AND
- The diagnosis has been appropriately documented (e.g., evaluated by a complete clinical assessment, using DSM-5, standardized rating scales, interviews/questionnaires)
OR
- Patient has the diagnosis of narcolepsy
AND
- The diagnosis has been confirmed by a sleep study
OR
- The requested drug is being prescribed for the treatment of cancer-related fatigue after other causes of fatigue have been ruled out



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Approval Duration and Quantity Restrictions:

Approval:

Attention-Deficit Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD):
Approve 12 months

Narcolepsy: Approve 12 months

Cancer-related fatigue: Approve 12 months

Quantity Level Limit: Reference formulary for drug specific quantity level limits

References:

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Name: Methylphenidate Products Page: 4 of 4

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