Name:	Methylphenidate Products		Page:	1 of 4
Effective Date:	4/1/2024		Last Review Date:	3/2024
Applies to:	☐Illinois ☒New Jersey ☐Pennsylvania Kids	☐Florida ☐Maryland ☐Virginia	☐Florida Kids ☐Michigan	

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

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:
Reference Formulary for specific drugs

Policy/Guideline:

Documentation for Initial Requests for all indications:
For non-preferred medication requests, the patient is unable to take two (2) formulary alternatives for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

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

- The patient has a diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) **AND**
    - The diagnosis has been appropriately documented (e.g., evaluated by a complete clinical assessment, using DSM-5, standardized rating scales, interviews/questionnaires) **AND**
        - The patient is 6 years of age or older
          OR
        - The patient is 5 years of age or younger
          AND
            - The patient continues to have ADHD/ADD (Attention-Deficit/Hyperactivity Disorder or Attention Deficit Disorder) symptoms despite participating in evidence-based behavioral therapy (e.g., parent training in behavior management (PTBM), behavioral classroom interventions)

  OR
    - The request is for continuation of therapy
      AND
    - The patient has achieved or maintained improvement in their signs and symptoms of ADHD/ADD (Attention-Deficit/Hyperactivity Disorder or Attention Deficit Disorder) from baseline

AND

- The patient's need for continued therapy has been assessed within the previous year

OR

- The patient has a diagnosis of narcolepsy

  AND

  - The requested drug is being prescribed by, or in consultation with, a sleep specialist

    AND

  - The diagnosis has been confirmed by a sleep study

  OR

  - The request is for continuation of therapy

    AND

  - The patient has achieved or maintained improvement in daytime sleepiness with narcolepsy from baseline

OR

- The requested drug is being prescribed for the treatment of cancer-related fatigue after other causes of fatigue have been ruled out

  AND

  - The request is for initial therapy

  OR

  - The request is for continuation of therapy

    AND

  - The patient has achieved or maintained improvement in cancer-related fatigue from baseline

    AND

  - The patient's need for continued therapy has been assessed within the previous year

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

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