

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

methylphenidate ER (Aptensio XR)

Non-formulary **methylphenidate ER (Aptensio XR)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is under 21 years of age **-AND-**
Diagnosis of ADHD or ADD
- **-OR-**
- Patient is under Hospice care
- **-OR-**
- Diagnosis of ADHD or ADD **-AND-**

1) For patients **NOT** currently taking Aptensio XR:

- Adequate trial** (7 days) of methylphenidate ER (Metadate CD or Ritalin LA) (must have at least partial response), **unless** history of substance abuse or allergy to an inactive ingredient
- **-AND-**
- Adequate trial** (7 days) of methylphenidate ER (Concerta) (must have at least partial response), **unless** unable to swallow whole tablets or allergy to an inactive ingredient

2) For patients currently taking Aptensio XR:

- Adequate trial** (7 days) of methylphenidate ER (Metadate CD or Ritalin LA) (must have at least partial response) with a short-acting agent, **unless** history of substance abuse or allergy to an inactive ingredient, or currently taking methylphenidate ER (Aptensio XR) with an antipsychotic or mood stabilizer (lithium or an antiepileptic drug used for mood stabilization)
- **-AND-**
- Adequate trial** (7 days) of methylphenidate ER (Concerta) (must have at least partial response), **unless** unable to swallow whole tablets or allergy to an inactive ingredient
- **-OR-**
- Dose change only: patient meets current criteria and is already taking the drug

** Adequate trial of a long acting agent is further defined as wearing off that is not resolved by increasing the dose AND adding a short-acting agent OR increasing frequency to twice daily OR clinically significant side effects related to the dosage form that cannot be resolved by adjusting the dose or timing.