

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

dexmethylphenidate ER (Focalin XR and generics)

Non-formulary **dexmethylphenidate ER (Focalin XR and generics)** 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 dexmethylphenidate ER (Focalin XR and generics):

- Adequate trial ** (7 days) of long-acting amphetamine salt combo, **unless** allergy to an inactive ingredient or past trial and failure of dextroamphetamine regardless of dosage form.

-AND-

- Adequate trial** (7 days) of methylphenidate ER (Metadate CD, Ritalin LA or Concerta) (must have at least partial response), **unless** allergy to an active ingredient.

2) For patients currently taking dexmethylphenidate ER (Focalin XR and generics):

- Adequate Adequate trial** (7 days) of methylphenidate ER (Metadate CD, Ritalin LA or Concerta) (must have at least partial response), **unless** history of substance abuse or allergy to an inactive ingredient, or currently taking dexmethylphenidate ER (Focalin XR) with an antipsychotic or mood stabilizer (lithium or an antiepileptic drug used for mood stabilization

-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.