

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Methylphenidate (Aptensio)

Notes:

- Quantity Limits: Yes
- ^ 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.
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

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

- Diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD)
- Patient has failed an adequate trial^ of a methylphenidate ER (Concerta, Metadate CD, Ritalin LA) (must have at least partial response), with a short-acting agent, unless allergy to an inactive ingredient
- Patient has failed an adequate trial^ of dexamethylphenidate ER (Focalin XR), with a short-acting agent, unless allergy to an inactive ingredient
- Patient has failed an adequate trial ^ of a long-acting amphetamine product (Adderall XR, etc), with a short-acting agent, unless allergy to an inactive ingredient

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **methylphenidate (Aptensio)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD)
- Patient has failed an adequate trial^ of a methylphenidate ER (Concerta, Metadate CD, Ritalin LA) (must have at least partial response), with a short-acting agent, unless allergy to an inactive ingredient
- Patient has failed an adequate trial^ of dexamethylphenidate ER (Focalin XR), with a short-acting agent, unless allergy to an inactive ingredient
- Patient has failed an adequate trial ^ of a long-acting amphetamine product (Adderall XR, etc), with a short-acting agent, unless allergy to an inactive ingredient

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **methylphenidate (Aptensio)** will be covered on the prescription drug benefit when the following criteria are met:

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CRITERIA FOR DRUG COVERAGE

Methylphenidate (Aptensio)

- Patient has a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD)
 - Patient has failed an adequate trial^ of a methylphenidate ER (Concerta, Metadate CD, Ritalin LA) (must have at least partial response), with a short-acting agent, unless allergy to an inactive ingredient
 - Patient has failed an adequate trial^ of dextmethylphenidate ER (Focalin XR), with a short-acting agent, unless allergy to an inactive ingredient
- OR -**
- Patient is age 6 to 20 years old and stable on medication
 - Patient has a diagnosis of ADHD or ADD