



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Methylphenidate Products Page: 1 of 4

Effective Date: 4/1/2024 Last Review Date: 3/2024

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



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Methylphenidate Products	Page:	2 of 4
Effective Date:	4/1/2024	Last Review Date:	3/2024
Applies to:	<input type="checkbox"/> Illinois <input type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Florida <input type="checkbox"/> Maryland <input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Florida Kids <input type="checkbox"/> Michigan

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 three (3) 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



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Methylphenidate Products Page: 3 of 4
Effective Date: 4/1/2024 Last Review Date: 3/2024

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

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



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Methylphenidate Products	Page:	4 of 4
Effective Date:	4/1/2024	Last Review Date:	3/2024
Applies to:	<input type="checkbox"/> Illinois <input type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Florida <input type="checkbox"/> Maryland <input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Florida Kids <input type="checkbox"/> Michigan

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

References:

1. Adhansia XR [package insert]. Stamford, CT: Adlon Therapeutics L.P.; June 2021.
2. Aptensio XR [package insert]. Wilson, NC: Rhodes Pharmaceuticals; October 2023.
3. Concerta [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; October 2023.
4. Cotempla XR-ODT [package insert]. Grand Prairie, TX: Neos Therapeutics Brands, LLC.; June 2021.
5. Daytrana [package insert]. Miami, FL: Noven Therapeutics, LLC; October 2023.
6. Focalin [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2023.
7. Focalin XR [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2023.
8. Jornay PM [package insert]. Morrisville, NC: Ironshore Pharmaceuticals Inc.; October 2023.
9. Methylin Solution [package insert]. Florham Park, NJ: Shionogi Inc.; June 2021.
10. Methylphenidate Hydrochloride (CD) [package insert]. Parsippany, NJ: Teva Pharmaceuticals; November 2022.
11. Methylphenidate Hydrochloride Chewable Tablets [package insert]. Lawrenceville, GA: XLCare Pharmaceuticals, Inc.; September 2023.
12. Methylphenidate Hydrochloride Tablet/Extended Release Tablet [package insert]. Webster Groves, MO: SpecGx LLC; September 2022.
13. Methylphenidate Osmotic Extended Release [package insert]. Alpharetta, GA: Trigen Laboratories, LLC; June 2022.
14. QuilliChew ER [package insert]. Monmouth Junction, NJ: NextWave Pharmaceuticals, Inc.; October 2023.
15. Quillivant XR [package insert]. Monmouth Junction, NJ: NextWave Pharmaceuticals, Inc.; October 2023.
16. Relexxii [package insert]. Alpharetta, GA: Vertical Pharmaceuticals, LLC; October 2023.
17. Ritalin [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2023.
18. Ritalin LA [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2023.
19. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed September 26, 2023.
20. Lexicomp Online, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed September 26, 2023.
21. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 09/26/2023).
22. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition Text Revision. Arlington, Virginia: American Psychiatric Association; 2022.
23. Wolraich ML, Hagan JF, Allan C, et al. AAP Subcommittee On Children And Adolescents With Attention-Deficit/Hyperactive Disorder. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. 2019;144(4):e20192528.
24. American Academy of Sleep Medicine. The International Classification of Sleep Disorders, 3rd edition. Darien, IL: American Academy of Sleep Medicine, 2014.
25. Sateia MJ. International Classification of Sleep Disorders- Third Edition: Highlights and Modifications. *CHEST*. 2014;146(5):1387-1394.
26. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2021;17(9):1881-1893.
27. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Cancer-Related Fatigue. V.2.2024. Available at: www.nccn.org. Accessed October 31, 2023.
28. Lower EE, Fleishman S, Cooper A, et al. Efficacy of dexamethylphenidate for the treatment of fatigue after cancer chemotherapy: a randomized clinical trial. *J Pain Symptom Manage*. 2009;38(5):650-662.