Overview
Aptensio XR® (methylphenidate extended-release) is a central nervous system (CNS) stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Aptensio XR, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs OR
Authorization may be granted for members with a diagnosis of attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) when ALL the following criteria are met:
1. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to Concerta® (methylphenidate extended-release).
2. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to Focalin XR® (dexamfetamine extended-release).
3. Note: Additional criteria may apply for members <the age of 18. Please refer to the MassHealth Pediatric Behavioral Health Medication Initiative guideline for criteria.

Continuation of Therapy
Reauthorization requires physician documentation that indicates a positive response to therapy.

Limitations
1. Initial approvals and reauthorizations will be for 12 months.
2. The following quantity limits apply:
   - **Aptensio XR**: 30 capsules per month
References
1. Aptensio XR (methylphenidate hydrochloride) [prescribing information]. Greenville, NC: Rhodes Pharmaceuticals L.P.; January 2017

Review History
03/01/2018 – Effective (adopted MH RS)
04/17/2019 – Reviewed in P&T Meeting
05/20/2020 – Reviewed May P&T Mtg; added started and stabilized statement; removed narcolepsy (not FDA approved for Aptensio XR); added previous use of Vyvanse to match MH. Effective 8/1/20.

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