



Aptensio XR® (methylphenidate extended-release)
Effective March 1, 2018

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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 with a diagnosis of attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) or narcolepsy 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® (dexamethylphenidate 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 will be for 12 months.
2. Reauthorizations will be for 12 months.
3. The following quantity limits apply:

Aptensio XR	30 capsules per month
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References

1. Aptensio XR (methylphenidate hydrochloride) [prescribing information]. Greenville, NC: Rhodes Pharmaceuticals L.P.; January 2017

Review History

03/01/18 – Effective (adopted MH RS)

04/17/19 – Reviewed in P&T Meeting

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