



Metadate CD® (methylphenidate extended-release)
Effective 02/20/19

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

N/A

Coverage Guidelines

Authorization may be granted when the following criteria are met:

1. Member has a diagnosis of attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) **AND**
2. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to Concerta® (methylphenidate extended-release) **AND**
3. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to Focalin XR® (dexmethylphenidate extended-release)

Please note: Additional criteria may apply for members under the age of 18. Please refer to the MassHealth Pediatric Behavioral Health Medication Initiative guideline for criteria.

Continuation of Therapy

Reauthorization requires physician documentation indicating a positive response to therapy.

Limitations

1. Approvals will be granted for 12 months
2. A quantity limit of 60 capsules per 30 days applies
 - a. Concurrent therapy with long-acting agents will require PA for quantities > 60 units/month (all agents combined). Concurrent therapy with a short- or intermediate-acting agent and a long-acting agent will also require PA for quantities > 90 units/month (all agents combined). Individual drug quantity limits may also apply.

**References**

N/A

Review History

03/01/18 – Effective (adopted MH RS)

02/20/19 – Reviewed in P&T Meeting

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