

QuilliChew ER (methylphenidate extended-release chewable)
Effective 03/01/18

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
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

QuilliChew ER is a central nervous system (CNS) stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

Coverage Guidelines

Authorization may be granted for when either of the following criteria is met:

1. Member has a diagnosis of attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) **AND**
2. Member has an inability to swallow tablets/capsules (i.e. swallowing disorder, dysphagia) **OR**
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® (dexamethylphenidate 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 may be granted for 12 months.
2. A quantity limit of a maximum of 60 units per 30 days applies.



References

N/A

Review History

02/2018 – Adopted MH RS

04/17/19 – Reviewed

Disclaimer

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