Criteria-Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE

Methylphenidate (Cotempla XR-ODT)

Notes:

- ^ Adequate trial of a long-acting agent is further defined as wearing off that is not resolved by increasing the dose, AND adding a short-acting agent OR increasing frequency to twice daily OR clinically significant side effects related to the dosage form that cannot be resolved by adjusting the dose or timing.
- **Adequate trial of a short acting agent is further defined as wearing off that is not resolved by increasing the dose and the frequency to a minimum of twice daily OR clinically significant side effects related to the short-acting dosage form that cannot be resolved by adjusting the dose or timing.
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **methylphenidate (Cotempla XR-ODT)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has failed an adequate trial^ of a methylphenidate ER (Concerta, Metadate CD, Ritalin LA) (must have at least partial response), unless allergy to an inactive ingredient
- Patient has failed an adequate trial^ of dexmethylphenidate ER (Focalin XR), unless allergy to an inactive ingredient
- Patient has failed an adequate trial ^ of a long-acting amphetamine product (Adderall XR, etc), unless allergy to an inactive ingredient
- Documented intolerance or contraindication to sprinkle formulations and is unable to swallow whole tablets

Criteria for *current Kaiser Permanente members* already taking the medication who have not been reviewed previously: Non-formulary **methylphenidate (Cotempla XR-ODT)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD)
- Patient has failed an adequate trial^ of a methylphenidate ER (Concerta, Metadate CD, Ritalin LA) (must have at least partial response), with a short-acting agent, unless allergy to an inactive ingredient
- Patient has failed an adequate trial^ of dexmethylphenidate ER (Focalin XR), with a short-acting agent, unless allergy to an inactive ingredient
- Patient has failed an adequate trial ^ of a long-acting amphetamine product (Adderall XR, etc), with a short-acting agent, unless allergy to an inactive ingredient

Criteria-Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE

Methylphenidate (Cotempla XR-ODT)

Criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **methylphenidate (Cotempla XR-ODT)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is over 21 year of age
- Diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD)
- Patient has failed an adequate trial^ of a methylphenidate ER (Concerta, Metadate CD, Ritalin LA) (must have at least partial response), unless allergy to an inactive ingredient
- Patient has failed an adequate trial^ of dexmethylphenidate ER (Focalin XR), unless allergy to an inactive ingredient

- OR –

- Diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD) and patient is age 6 to 20 years old and stable on medication