



Custom Criteria for  
BlueCross Blue Shield of Rhode Island  
Commercial

GENERIC METHYLPHENIDATE ER  
STEP THERAPY

GPI CODING:

METHYLPHENIDATE HCL ER (generic only)	MSC = Y	614000201004**
---------------------------------------	---------	----------------

DESCRIPTION:

Methylphenidate ER is a CNS stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

APPROVAL DURATION:

Lifetime

CRITERIA

Patient had a trial or is intolerant to the preferred brand, Concerta.

RxAUTH CRITERIA QUESTIONS

1. Has the patient had a trial or is intolerant to the preferred brand, Concerta?

Yes = APPROVE x 12 months

No = DENY. The plan provides coverage of the prescribed drug when the patient has had a trial or is intolerant to the preferred brand, Concerta.

CLIENT ADOPTION CERTIFICATION

The Participating Group signed below hereby accepts and adopts as its own the utilization management criteria presented above for use on prior authorization requests as administered by OptumRx.

\_\_\_\_\_  
Approved via SN  
Signature

\_\_\_\_\_  
March 1, 2016  
Date

\_\_\_\_\_  
Blue Cross Blue Shield of Rhode Island  
Client Name