

Effective Date: 02/01/2022
Reviewed: 10/2021
Scope: Medicaid

## **Methylphenidate Solution 5mg/5ml & 10mg/5ml Methylphenidate chewable tablets 2.5mg, 5mg, 10mg**

### **POLICY**

#### **I. CRITERIA FOR APPROVAL**

An authorization of 12 months may be granted when all the following criteria are met:

- A. Patient has documented diagnosis of attention deficit hyperactivity disorder (ADHD) or narcolepsy
- B. Patient has documented failure or inability to swallow methylphenidate tablets or capsules

#### **II. COVERAGE DURATION**

- 12 months