

Policy Name:	Quillivant XR (methylphenidate HCL susp)	Policy #:	2017P
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Purpose of the Policy

The purpose of this policy is to establish coverage criteria for Quillivant XR.

Health Alliance Drug Policies are developed and reviewed annually in compliance with the [Mental Health Parity and Addiction Equity Act \(MHPAEA\) of 2008](#). MHPAEA requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (prior authorization, step-therapy) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Quillivant XR when the following criteria have been met.

Criteria

1. Coverage Criteria

- 1.1 Member aged 6 to 12 years of age
- 1.2 Provider can submit medical chart documentation of inability to swallow tablets in members older than 12 years of age

2. Managed Dose Limit

- 2.1 A Managed Dose Limit (MDL) at the NDC (national drug code) level which limits product to one bottle per 30 days on 60-ml, 120-ml, 150-ml bottles and 2 bottles per 30 days on 180-ml bottles [product contains methylphenidate extended-release at a concentration of 5 mg/ml with the same cost per bottle]

3. Approval Period

- 3.1 12 months

CPT Codes

HCPCS Codes

References

1. Quillivant XR (methylphenidate HCL) extended-release suspension [prescribing information]. Tris Pharma, Inc: Monmouth Junction, NJ; October 2023.

Created Date: 06/05/13
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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.