

Gateway Health
Prior Authorization Criteria
Concerta (methylphenidate ER)

All requests for Concerta (methylphenidate ER) require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Concerta (methylphenidate ER) Step Therapy Prior Authorization Criteria:

- Documentation submitted by the physician for an FDA approved or compendia supported indication.
- Coverage provided for treatment if the member has tried and failed or had an intolerance to one generic formulary long acting methylphenidate product.
- When all criteria is met, benefit is approved for 12 months.

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria, when, in their professional judgment, the requested medication is medically necessary