

Pharmacy Drug Policy Checklist

POLICY NAME	Quillivant XR (methylphenidate HCL susp)	POLICY #	2017P
--------------------	--	-----------------	-------

Criteria

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