Reference number(s)
7567-A

This document applies to the following:

Formulary	Applies
Advanced Control (ACF)	☑
Advanced Control Formulary Chart (ACFC)	☐
Advanced Control – Choice (ACCF)	☐
Basic Control (BC)	☐
Basic Control Chart (BCC)	☐
Standard Control (SF)	☑
Standard Control Formulary Chart (SFC)	☐
Standard Control – Choice (SCCF)	☐
Value (VF)	☐
Value Formulary Chart (VFC)	☐

Formulary	Applies
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Aetna Fully Insured Advanced Control Formulary (Aetna FI ACF)	☐
Aetna Fully Insured Advanced Control Formulary Chart (Aetna FI ACFC)	☐
Aetna Fully Insured Standard Opt-Out (Aetna FI SOO)	☐

Exception Criteria

Jornay PM

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Jornay PM	methylphenidate

Indications

FDA-approved Indications

Jornay PM is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older.

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Limitations of Use
The use of Jornay PM is not recommended in pediatric patients younger than 6 years of age because they had higher plasma exposure and a higher incidence of adverse reactions (e.g., weight loss) than patients 6 years and older at the same dosage.

Coverage Criteria

Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)

Authorization may be granted when the patient has a diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) when ALL of the following criteria are met:

- The patient CANNOT be treated with the formulary alternatives (Available Formulary Alternatives: generic amphetamine extended-release, generic amphetamine/dextroamphetamine mixed salts extended-release, generic dexmethylphenidate extended-release, generic lisdexamfetamine, generic methylphenidate extended-release, Azstarys).
- The patient has experienced an inadequate treatment response or intolerance or has a clinical reason to avoid a trial of AT LEAST THREE of the following: generic amphetamine extended-release, generic amphetamine/dextroamphetamine mixed salts extended-release, generic dexmethylphenidate extended-release, generic lisdexamfetamine, generic methylphenidate extended-release, Azstarys. [ACTION REQUIRED: Documentation is required for approval.]
- The diagnosis has been appropriately documented (e.g., evaluated by a complete clinical assessment, using DSM-5, standardized rating scales, interviews/questionnaires).

Duration of Approval (DOA):

- 7567-A: DOA: 12 months

References

1. Jornay PM [package insert]. Stoughton, MA: Collegium Pharmaceutical, Inc.; September 2025.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2026. https://online.lexi.com. Accessed August 07, 2026.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 08/07/2026).

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4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition Text Revision. Washington, D.C.: American Psychiatric Association; 2022.

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