

PHARMACY COVERAGE GUIDELINE

ADZENYS XR-ODT® (amphetamine) extended-release orally disintegrating tablet
Amphetamine ER ODT extended-release orally disintegrating tablet
DYANAVEL® XR (amphetamine) extended-release oral tablet
DYANAVEL® XR (amphetamine) extended-release oral suspension
EVEKEO™ (amphetamine sulfate) oral tablet
XELSTRYM™ (dextroamphetamine) transdermal patch
Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
- The “Description” section describes the Service.
- The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
- The “Resources” section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Medical Necessity Requirements for ADZENYS XR-ODT (amphetamine), Amphetamine ER ODT generic, DYANAVEL XR tablet and suspension (amphetamine), XELSTRYM (dextroamphetamine)

Criteria for Initial Therapy:

ORIGINAL EFFECTIVE DATE: 03/15/2018 | ARCHIVE DATE: | LAST REVIEW DATE: 05/21/2026 | LAST CRITERIA REVISION DATE: 05/21/2026

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Prescriber Qualifications

- Prescribed by a physician specializing in the patient's diagnosis or is in consultation with a psychiatrist

Indication

- Attention Deficit Hyperactivity Disorder (ADHD)

Age Requirement

- 6 years of age or older

Baseline Clinical Evaluation

- Confirmed diagnosis of attention deficit hyperactivity disorder (ADHD)

Alternative Therapies

- Failure, contraindication, or intolerance to **ONE** drug from **BOTH** of the following:
 - Generic oral extended release methylphenidate OR generic extended release dexamethylphenidate based agent (e.g., generic Concerta, generic Metadate CD, generic Ritalin LA, dexamethylphenidate ER)
 - Generic oral extended release dextroamphetamine with amphetamine extended release (e.g., generic Adderall XR) OR oral generic extended release dextroamphetamine **OR** Vyvanse (lisdexamfetamine)
 - **For Xelstrym (dextroamphetamine) patch:** Failure, contraindication, or intolerance to generic methylphenidate patch

Safety

- No history of risky, harmful, non medical or inappropriate use of these and other substances that might be unhealthy, hazardous, or a problem (i.e., multiple providers, multiple pharmacies, or multiple controlled substances)
- No known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, coronary artery disease, or other serious heart problems
- No history of uncontrolled psychiatric mood disorder (e.g., depression, suicide history, bipolar disorder, psychotic disorder)
- No FDA labeled contraindications:
 - Known hypersensitivity to amphetamine products
 - Use of monoamine oxidase inhibitor (MAOI) within the past 14 days

Documentation Requirements

- A completed request form must be submitted, including:
 - Chart notes

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- Lab results
- Supporting clinical documentation

Initial Therapy Criteria Approval Duration

- 12 months OR end of plan year
-

Criteria for Continuation of Therapy (renewal therapy)

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy

Prescriber Qualifications

- Continues to be seen by a psychiatrist or in consultation with a psychiatrist

Clinical Response

- **TWO** of the following:
 - At least 50% reduction from baseline in core symptoms of hyperactivity, impulsivity, and attention
 - At least 50% improvement from baseline in SKAMP rating scale
 - Improved attention and social skills
 - No aggressive behaviors

Adherence

- Adherence to the prescribed therapy regimen has been documented

Safety

- No history of risky, harmful, non medical or inappropriate use of these and other substances that might be unhealthy, hazardous, or a problem (i.e., multiple providers, multiple pharmacies, or multiple controlled substances)
- No history of uncontrolled psychiatric mood disorder (e.g., depression, suicide history, bipolar disorder, psychotic disorder)
- No development of contraindications or significant adverse drug effects such as:
 - Known hypersensitivity to amphetamine products
 - Use of monoamine oxidase inhibitor (MAOI) within the past 14 days
 - Aggressive behavior or hostility
 - Cardiovascular event
 - Delusional thinking

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- Hypertension
- Mania
- Peripheral vasculopathy including digital ulceration, Raynaud phenomenon
- Priapism
- Psychotic symptoms
- Seizures
- Serotonin Syndrome
- Tourette syndrome or tics
- Visual disturbance

Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values that confirm safe use

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
-

Medical Necessity Requirements for **EVEKEO** (amphetamine sulfate)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by a psychiatrist, pulmonologist, or bariatric physician depending on requested use

Indication

- Attention Deficit Hyperactivity Disorder (ADHD)
- Narcolepsy
- Exogenous Obesity

Age Requirement

- **ADHD:** 3 years of age or older
- **Narcolepsy:** 6 years of age or older
- **Exogenous Obesity:** 12 years of age or older

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Baseline Clinical Evaluation

- **Narcolepsy, ALL** the following:
 - Clinical symptoms of narcolepsy
 - Polysomnography followed by multiple sleep latency test (MSLT)
 - Sleep onset less than 8 minutes and 2 or more sleep onset REM periods
 - Epworth Sleep Scale score of 10 or more
- **Exogenous Obesity**
 - Benefit plan design includes weight loss as a covered benefit
 - To be used as adjunct short term treatment (a few weeks) in a regimen of weight reduction based on caloric restriction for patients refractory to alternative therapy

Alternative Therapies

- **ADHD, Failure, contraindication, intolerance to ALL** the following:
 - Immediate release mixed amphetamine/dextroamphetamine salt
 - Immediate release dextroamphetamine
- **Narcolepsy, Failure, contraindication, intolerance to ALL** the following:
 - Immediate release mixed amphetamine/dextroamphetamine salt
 - Immediate release dextroamphetamine
 - Methylphenidate
 - Modafinil or armodafinil
- **Exogenous Obesity, Failure, contraindication, intolerance to ALL** the following:
 - Alternative therapy (e.g., repeated diets, group programs, other drugs)
 - Phentermine (if 17 years of age or older)

Brand Specific Criteria

- **Evekeo:** Have failure, contraindication, or intolerance with **THREE** generic equivalents of **amphetamine sulfate** (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No history of risky, harmful, non medical or inappropriate use of these and other substances that might be unhealthy, hazardous, or a problem (i.e., multiple providers, multiple pharmacies, or multiple controlled substances)
- No known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, coronary artery disease, or other serious heart problems

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- No history of uncontrolled psychiatric mood disorder (e.g., depression, suicide history, bipolar disorder, psychotic disorder)
- No FDA labeled contraindications:
 - Known hypersensitivity to amphetamine products
 - Use of monoamine oxidase inhibitor (MAOI) within the past 14 days

Documentation Requirements

- A completed request form must be submitted, including:
 - Chart notes
 - Lab results
 - Supporting clinical documentation

Initial Therapy Criteria Approval Duration

- ADHD & Narcolepsy: 12 months OR end of plan year
 - Exogenous Obesity: 6 month
-

Criteria for Continuation of Therapy (renewal therapy)

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy

Prescriber Qualifications

- Continues to be seen by a psychiatrist, pulmonologist, or bariatric physician depending on requested use

Clinical Response

- **ADHD, TWO** of the following:
 - At least 50% reduction from baseline in core symptoms
 - At least 50% improvement in SKAMP rating scale
 - Improved attention and social skills
 - No aggressive behaviors
- **Narcolepsy, ONE** of the following:
 - Improvement in daytime sleepiness and alertness and reduced cataplexy episodes
 - Improvement in Epworth Sleepiness Scale score to 7 or less
- **Exogenous Obesity**
 - Achieved and maintains at least a 10% reduction in weight

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Adherence

- Adherence to the prescribed therapy regimen has been documented

Brand Specific Criteria

- **Evekeo:** Have failure, contraindication, or intolerance with **THREE** generic equivalents of **amphetamine sulfate** (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No history of risky, harmful, non medical or inappropriate use of these and other substances that might be unhealthy, hazardous, or a problem (i.e., multiple providers, multiple pharmacies, or multiple controlled substances)
- No history of uncontrolled psychiatric mood disorder (e.g., depression, suicide history, bipolar disorder, psychotic disorder)
- No development of contraindications or significant adverse drug effects such as:
 - Known hypersensitivity to amphetamine products
 - Use of monoamine oxidase inhibitor (MAOI) within the past 14 days
 - Aggressive behavior or hostility
 - Cardiovascular event
 - Delusional thinking
 - Hypertension
 - Mania
 - Peripheral vasculopathy including digital ulceration, Raynaud phenomenon
 - Priapism
 - Psychotic symptoms
 - Seizures
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Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement
- Lab values that confirm safe use

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Continuation Therapy Criteria Approval Duration

- ADHD & Narcolepsy: 12 months OR end of plan year
- Exogenous Obesity: 6 months OR end of plan year

Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications
2. Off-Label Use of Cancer Medications

Description:

Adzenys XR-ODT (amphetamine, extended-release oral disintegrating tablet) Dyanavel XR (amphetamine, extended-release suspension), and Xelstrym (dextroamphetamine transdermal) are central nervous system stimulants indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in individuals 6 years of age or older. Amphetamines are non-catecholamine sympathomimetic amines with stimulant activity. The mode of therapeutic action in ADHD is not known. Amphetamines are thought to block the reuptake of norepinephrine and dopamine into the presynaptic neuron and increase the release of these monoamines into the extraneuronal space.

Evekeo (amphetamine sulfate) is indicated for the treatment of individuals 3 years of age or older with ADHD; for the treatment of individuals 12 years of age or older with narcolepsy; and for the short term treatment (a few weeks) of individuals 12 years of age or older with exogenous obesity as an adjunct in a regimen of weight reduction based on caloric restriction for patients refractory to alternative therapy such as repeated diets, group programs, and other drugs.

ADHD is one of the most commonly diagnosed neurobehavioral disorders of childhood. It is more frequently diagnosed in males than in females. ADHD is characterized by inattention, hyperactivity that exceeds the usual developmental pattern, and impulsivity that impair activities of daily living. Comorbidities are also common and may include mood disorder, anxiety disorder, substance abuse, tics, learning difficulties, and disruptive behaviors such as oppositional defiance or conduct disorder. Symptoms can persist into adolescence and into adulthood.

The published literature suggests that central nervous system (CNS) stimulant medications are considered first line therapy in uncomplicated ADHD. Methylphenidate or mixed Amphetamine salts, or Dextroamphetamine are often recommended as first line therapy. Evidence for the use of Methylphenidate is derived from well-designed

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efficacy and safety trials. Due to limited number of trial information the strength of evidence for the other stimulants is ranked as fair.

When one stimulant fails to manage the condition due to an inadequate response or intolerable adverse effects occur, it is suggested to change to another one of the first line stimulants within a different class. Approximately 50% of individuals not responding to one stimulant may respond to the other. It is further suggested that if two first line stimulants are ineffective, non-stimulant medications may be added or used as monotherapy. Use of non-stimulant medications may also be beneficial in situations such as concerns about substance abuse or diversion, tic disorder, impulsivity, sleep problems, anxiety, psychosis, aggression, or cardiac abnormalities associated with use of stimulants. Non-stimulant medications may include Atomoxetine, Clonidine, or Guanfacine.

There are many agents available with brand and generic options for the treatment of ADHD. Several agents are available as both immediate acting and long-acting formulations. Comparative trials of stimulant medications are lacking, but it is apparent that all stimulant medications have similar effects and adverse effects and given the extensive evidence of efficacy and safety, they still remain agent first choice. There are clinically meaningful differences in dosing, time to onset, route, duration of action, and cost among the various compounds. Sustained-release formulations of stimulants may show benefit over immediate release forms at specific times of day depending on the pharmacokinetics of the specific formulation used, but overall differences on safety and efficacy are not found.

For individuals with swallowing difficulties, many capsule forms of extended-release stimulants can be opened and sprinkled onto food. Liquid formulations are also available, and some products have a chewable dosage form that can be used.

Narcolepsy is a chronic neurologic disorder of the central nervous system characterized by the brain's inability to control sleep-wake cycles, resulting in excessive daytime sleepiness (EDS) and intermittent bouts of rapid eye movement (REM) sleep during wakefulness. At various times throughout the day, individuals with narcolepsy experience irresistible and sudden bouts of sleep, which can last from a few seconds to several minutes. In addition to EDS, other major symptoms of narcolepsy include cataplexy (a sudden loss of voluntary muscle tone), hypnagogic hallucinations (vivid dream-like images or hallucinations during sleep onset or upon waking), and sleep paralysis (brief episodes of total paralysis, also during sleep onset or upon waking). Most individuals experience poor sleep quality that can involve frequent awakenings during nighttime sleep, and other sleep disorders. Sleep may be disrupted by insomnia, vivid dreaming, sleep talking, acting out while dreaming, and periodic leg movements.

The diagnosis of narcolepsy is confirmed with a polysomnogram that rules out other sleep disorders and a multiple sleep latency test (MSLT) that demonstrates an average sleep latency less than eight minutes and/or at least two sleep onset rapid eye movement periods (SOREMPs). True cataplexy is highly suggestive of narcolepsy. Other conditions that cause chronic daytime sleepiness include insufficient sleep, untreated sleep apnea, periodic limb movements of sleep, and idiopathic hypersomnia (chronic sleepiness but without SOREMPs or other evidence of abnormal REM sleep). The effects of sedating medications should be excluded. The goal of therapy is to improve alertness to the point where performance and safety are adequate for important activities

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like school or work. Once therapy has been optimized, the severity of residual sleepiness should be assessed with the Epworth Sleepiness Scale (ESS) or the Maintenance of Wakefulness Test (MWT). Amphetamine, immediate release forms of mixed salts of amphetamine/dextroamphetamine, dextroamphetamine, methamphetamine, many methylphenidate products, Provigil (modafinil), Nuvigil (armodafinil), and Sunosi (solriamfetol) are effective for treatment of daytime sleepiness due to narcolepsy and are FDA-approved for use for this disorder. Many of these agents are available as a generic formulation.

Adult individuals with a body mass index (BMI) of 25-29.9 kg/m² are considered overweight and those with a BMI of ≥ 30 kg/m² are considered obese. Diet and exercise are the preferred methods for losing weight and there are several drugs that are FDA-approved as adjuncts to diet and exercise for weight loss. Amphetamines are non-catecholamine, sympathomimetic amines with CNS stimulant activity. Drugs in this class when used in the treatment of obesity are commonly referred to as "anorectics" or "anorexigenics." The mechanism of action of such drugs in treating obesity has not been established, however they act primarily to cause appetite suppression. Other CNS actions or metabolic effects may be involved. Coverage of Evekeo for exogenous obesity is dependent upon benefit plan design that includes weight loss as a covered benefit

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD types:
 - Inattentive Type, at least 6 of the following symptoms must have persisted for at least 6 months
 - Lack of attention to details/careless mistakes
 - Lack of sustained attention
 - Poor listener
 - Failure to follow through on tasks
 - Poor organization
 - Avoids tasks requiring sustained mental effort
 - Loses things
 - Easily distracted
 - Forgetful
 - Hyperactive-Impulsive Type, at least 6 of the following symptoms must have persisted for at least 6 months
 - Fidgeting/squirming
 - Leaving seat
 - Inappropriate running/climbing
 - Difficulty with quiet activities
 - "On the go"

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- Excessive talking
- Blurting answers
- Can't wait turn
- Intrusive
- Combined Type requires both inattentive and hyperactive-impulsive criteria to be met

ADHD medications – stimulants: [Note may not be a complete list]

| Methylphenidate-type products: | | |
|---|---------------|---|
| Methylphenidate | | |
| Aptensio XR | ER Cap 24 h | 10, 15, 20, 30, 40, 50, 60 mg |
| Concerta | ER Tab | 18, 27, 36, 54 mg |
| Daytrana | Transdermal | 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/ 9 hr |
| Metadate CD | ER Cap | 10, 20, 30, 40, 50, 60 mg |
| Metadate ER | ER Tab | 20 mg |
| Methylin | Tab chewable | 2.5, 5, 10 mg |
| | Solution | 5 mg / 5 mL, 10 mg / 5 mL |
| Methylphenidate | Tab | 5, 10, 20 mg |
| | Tab chewable | 2.5, 5, 10 mg |
| | Solution | 5 mg /5 mL, 10 mg / 5 mL |
| Methylphenidate ER | ER Tab | 10, 18, 20, 27, 36, 54 mg |
| Methylphenidate ER | ER Tab 24 h | 18, 27, 36, 54 mg |
| Methylphenidate ER (CD) | ER Cap | 10, 20, 30, 40, 50, 60 mg |
| Methylphenidate ER (LA) | ER Cap 24 h | 20, 30, 40 mg |
| Quillivant XR | ER Suspension | 25 mg / 5 mL |
| Relexxii | ER Tab | 18, 27, 36, 45, 54, 63, 72 mg |
| Ritalin | Tab | 5, 10, 20 mg |
| Ritalin LA | ER Cap 24 h | 10, 20, 30, 40, 60 mg |
| Ritalin SR | ER Tab | 20 mg |
| Dexmethylphenidate | | |
| Dexmethylphenidate | Tab | 2.5, 5, 10 mg |
| Dexmethylphenidate ER | ER Cap 24 h | 5, 10, 15, 30, 40 mg |
| Focalin | Tab | 2.5, 5, 10 mg |
| Focalin XR | ER Cap 24 h | 5, 10, 15, 20, 25, 30, 35, 40 mg |
| Listing does not imply formulary status or need for prior authorization or need step-therapy | | |

| Amphetamine-type products: | | |
|-----------------------------------|-------------|------------------------------------|
| Amphetamine | | |
| Adzenys XR-ODT | Tab ODT 24h | 3.1, 6.3, 9.4, 12.5, 15.7, 18.8 mg |
| Dyanavel XR | Suspension | 2.5 mg/mL |
| Evekeo | Tab | 5, 10 mg |
| Amphetamine sulfate | Tab | 5, 10 mg |

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| Mixed salts: Amphetamine (25%) / Dextroamphetamine (75%) | | |
|---|-------------|--|
| Adderall | Tab | 5, 7.5, 10, 12.5, 15, 20, 30 mg |
| Adderall XR | ER Cap 24 h | 5, 10, 15, 20, 25, 30 mg |
| Amphetamine / Dextroamphetamine | Tab | 5, 7.5, 10, 12.5, 15, 20, 30 mg |
| | ER Cap 24 h | 5, 10, 15, 20, 25, 30 mg |
| Dextroamphetamine | | |
| Dexedrine | ER Cap 24 h | 5, 10, 15 mg |
| Dextroamphetamine | Tab | 5, 10 mg |
| | Solution | 5 mg / 5 mL |
| Dextroamphetamine ER | ER Cap 24 h | 5, 10, 15 mg |
| ProCentra | Solution | 5 mg / 5 mL |
| Zenzedi | Tab | 2.5, 5, 7.5, 10, 15, 20, 30 mg |
| Xelstrym | Patch | 4.5 mg / 9 h, 9 mg / 9 h, 13.5 mg / 9 h, 18 mg / 9 h |
| Lisdexamfetamine | | |
| Vyvanse | Cap | 10, 20, 30, 40, 50, 60, 70 mg |
| Methamphetamine | | |
| Desoxyn | Tab | 5 mg |
| Methamphetamine | Tab | 5 mg |
| Listing does not imply formulary status or need for prior authorization or need step-therapy | | |

ADHD medications – non-stimulants: [Note may not be a complete list]

| Norepinephrine re-uptake inhibitor | | |
|---|-------------|--------------------------------|
| Atomoxetine (Strattera) | Cap | 10, 18, 25, 40, 60, 80, 100 mg |
| Clonidine – central alpha-2 agonist | | |
| Catapres | Tab | 0.1, 0.2, 0.3 mg |
| Clonidine | Tab | 0.1, 0.2, 0.3 mg |
| Clonidine ER | ER Tab 12 h | 0.1 mg |
| Kapvay (clonidine ER) | ER Tab 12 h | 0.1, 0.2 mg |
| Guanfacine – central alpha-2a agonist | | |
| Guanfacine | Tab | 1, 2 mg |
| Guanfacine ER | ER Tab 24 h | 1, 2, 3, 4 mg |
| Intuniv (guanfacine ER) | ER Tab 24 h | 1, 2, 3, 4 mg |
| Tenex | Tab | 1, 2 mg |
| Listing does not imply formulary status or need for prior authorization or need step-therapy | | |

Swanson, Kotkin, Agler, M-Flynn, and Pelham (SKAMP) rating scale:

- A validated 13-item teacher-rated scale that assesses manifestations of ADHD in a classroom setting
- The rating scale consists of 13 items rated on a 7-point impairment scale (0 = normal to 6 = maximal impairment)

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- The combined scores for the SKAMP are obtained by summing up the values of all 13 items
- Subscale scores for attention (items 1-4), behavior (items 5-8), quality of work (items 9-11) and compliance (items 12-13) are obtained by summing the values of their corresponding items

| | Impairment Scale 0-7 |
|---|---|
| 1. Getting started on assignments for classroom periods | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 2. Sticking with tasks or activities for the allotted time | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 3. Attending to an activity or a discussion of the class | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 4. Stopping and making transition to the next period | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 5. Interacting with other children | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 6. Interacting with the teacher or aide | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 7. Remaining quiet according to classroom rules | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 8. Staying seated according to classroom rules | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 9. Completing assigned work | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 10. Performing work accurately | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 11. Being careful and neat while writing or drawing | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 12. Complying with the teacher's usual requests or directions | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |
| 13. Following the rules established for the classroom | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> 6 <u> </u> 7 |

Diagnostic criteria for narcolepsy type 1:

| |
|--|
| Criteria A and B must be met: |
| A. The patient has daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least three months.* |
| B. The presence of one or both of the following: |
| <ol style="list-style-type: none"> 1. Cataplexy and a mean sleep latency of ≤ 8 minutes and two or more SOREMPs on an MSLT performed according to standard techniques. A SOREMP (within 15 minutes of sleep onset) on the preceding nocturnal PSG may replace one of the SOREMPs on the MSLT.[¶] 2. CSF hypocretin-1 concentration, measured by immunoreactivity, is either ≤ 110 pg/mL or $< 1/3$ of mean values obtained in normal subjects with the same standardized assay. |
| <p>CSF: cerebrospinal fluid; MSLT: multiple sleep latency test; PSG: polysomnography; SOREMPs: sleep-onset rapid eye movement periods.</p> <p>* In young children, narcolepsy may sometimes present as excessively long night sleep or as resumption of previously discontinued daytime napping.</p> <p>¶ If narcolepsy type 1 is strongly suspected clinically but the MSLT criteria of B1 are not met, a possible strategy is to repeat the MSLT.</p> |

Diagnostic criteria for narcolepsy type 2:

| |
|--|
| Criteria A through E must be met: |
|--|

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| |
|--|
| A. The patient has daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least three months. |
| B. A mean sleep latency of ≤ 8 minutes and two or more SOREMPs are found on an MSLT performed according to standard techniques. A SOREMP (within 15 minutes of sleep onset) on the preceding nocturnal PSG may replace one of the SOREMPs on the MSLT. |
| C. Cataplexy is absent.* |
| D. Either CSF hypocretin concentration has not been measured or CSF hypocretin concentration measured by immunoreactivity is either >110 pg/mL or $>1/3$ of mean values obtained in normal subjects with the same standardized assay. [¶] |
| E. The hypersomnolence and/or MSLT findings are not better explained by other causes such as insufficient sleep, obstructive sleep apnea, delayed sleep phase disorder, or the effect of medication or substances or their withdrawal. |
| CSF: cerebrospinal fluid; MSLT: multiple sleep latency test; PSG: polysomnography; SOREMPs: sleep-onset rapid eye movement periods. * If cataplexy develops later, then the disorder should be reclassified as narcolepsy type 1. [¶] If the CSF hypocretin-1 concentration is tested at a later stage and found to be either ≤ 110 pg/mL or $<1/3$ of mean values obtained in normal subjects with the same assay, then the disorder should be reclassified as narcolepsy type 1. |

Epworth Sleepiness Scale (ESS):

The ESS subjectively measures sleepiness as it occurs in ordinary life situations. It can be used to screen for excessive sleepiness or to follow an individual's subjective response to an intervention. A score > 10 is consistent with excessive sleepiness.

| | | |
|---|---------------------------|----------|
| Sitting and standing | No chance of dozing | 0 points |
| | Slight chance of dozing | 1 point |
| | Moderate chance of dozing | 2 points |
| | High chance of dozing | 3 points |
| Watching television | No chance of dozing | 0 points |
| | Slight chance of dozing | 1 point |
| | Moderate chance of dozing | 2 points |
| | High chance of dozing | 3 points |
| Sitting inactive in a public place | No chance of dozing | 0 points |
| | Slight chance of dozing | 1 point |
| | Moderate chance of dozing | 2 points |
| | High chance of dozing | 3 points |
| Sitting for an hour as a passenger in a car | No chance of dozing | 0 points |
| | Slight chance of dozing | 1 point |
| | Moderate chance of dozing | 2 points |
| | High chance of dozing | 3 points |

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| | | |
|--|---------------------------|----------|
| Lying down in the afternoon to rest | No chance of dozing | 0 points |
| | Slight chance of dozing | 1 point |
| | Moderate chance of dozing | 2 points |
| | High chance of dozing | 3 points |
| Sitting and talking to another person | No chance of dozing | 0 points |
| | Slight chance of dozing | 1 point |
| | Moderate chance of dozing | 2 points |
| | High chance of dozing | 3 points |
| Sitting quietly after lunch (no alcohol at lunch) | No chance of dozing | 0 points |
| | Slight chance of dozing | 1 point |
| | Moderate chance of dozing | 2 points |
| | High chance of dozing | 3 points |
| Sitting in a car, stopped for a few minutes due to traffic | No chance of dozing | 0 points |
| | Slight chance of dozing | 1 point |
| | Moderate chance of dozing | 2 points |
| | High chance of dozing | 3 points |
| Total points: | | |
| Score assessment: | | |
| 1-6 points: Normal sleep | | |
| 7-8 points: Average sleepiness | | |
| 9-24 points: Abnormal (possibly pathologic) sleepiness | | |

Maintenance of Wakefulness Test (MWT):

- MWT measures the ability to stay awake
- It objectively measures the ability of an individual to remain awake for a defined period of time
- It is based on the premise that individuals with a greater degree of sleepiness are less likely to remain awake than individuals with less sleepiness
- MWT may be used to assess an individual's response to therapy
- It is the direction of change, not the degree of change, that is meaningful
- During the MWT:
 - Sit in a recumbent position
 - Instructed to sit still and try to remain awake for as long as possible
 - Look directly ahead and do not look directly at the light
 - Avoid extraordinary measures to stay awake (e.g., slapping the face, singing)
 - A session is ended after unequivocal sleep, or after 40 minutes if sleep does not occur
 - Sleep is considered unequivocal after three consecutive periods of stage 1 sleep or one period of any other stage of sleep
 - For each session, the sleep latency is recorded
 - It is documented as being 40 minutes if the patient does not fall asleep

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- This is repeated every two hours, until the patient has completed four sessions
- The primary measure from the MWT is the mean sleep latency
- Healthy individuals who complete four 40-minute protocol sessions, the mean sleep latency is approximately 30 minutes, with > 97% of individuals having a mean sleep latency of \geq 8 minutes
 - A mean sleep latency of < 8 minutes is generally considered abnormal
 - Staying awake for at least 40 minutes during all four sessions is strong objective evidence that an individual can stay awake
 - A mean sleep latency between 8 and 40 minutes has uncertain significance

Multiple sleep latency test (MSLT):

- MSLT measures the tendency to fall asleep
- It tests for excessive daytime sleepiness (EDS) by measuring how quickly one falls asleep in a quiet environment during the day
 - EDS occurs when you are sleepy when you should be awake and alert
- MSLT is the standard tool used to diagnose narcolepsy and idiopathic hypersomnia
- MSLT is a full-day test that consists of five scheduled naps separated by two-hour breaks
- During the MSLT
 - Lying flat in bed for the MSLT
 - Instructed to lie quietly, assume a comfortable position, keep eyes closed, and try to fall asleep
 - The test will measure how long it takes for to fall asleep
 - You will be awakened after sleeping 15 minutes
 - If you do not fall asleep within 20 minutes, the nap trial will end

Resources:

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