ADHD – Stimulant Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Quantity Limit	
All agents	May be subject to quantity limit

Medications	Comments
Dexmethylphenidate: Focalin generic Focalin XR generic	Preferred
Dextroamphetamine and Amphetamine: Adderall generic Adderall XR generic‡	
Dextroamphetamine: Dextroamphetamine 5mg, 10mg tablets generic Dexedrine capsules generic	
Methylphenidate: Metadate ER generic methylphenidate products, except: chewable tablets	
Amphetamine: Dyanavel XR suspension, tablets Adzenys XR-ODT Evekeo tablets Evekeo ODT	Non-Preferred
Dextroamphetamine and Amphetamine: Adderall Brand Adderall XR Brand‡ Mydayis ER	
Dextroamphetamine: Dexedrine spansules Brand ProCentra solution (and generic) Zenzedi Dextroamphetamine tablets 2.5mg, 7.5mg, 15mg, 20mg, 30mg tablets generic	

Dexmethylphenidate: Focalin Brand Focalin XR Brand	Non-Preferred (continued)
Transdermal Dextroamphetamine: Xelstrym	
Methamphetamine: Desoxyn (and generic)	
Methylphenidate: Adhansia XR Aptensio XR (and generic) Concerta Brand Cotempla XR – ODT Jornay PM Metadate CD Brand Methylin Solution Methylphenidate chewable tablets Relexxii ER Ritalin Brand Ritalin LA Brand Quillichew ER Brand Quillivant XR Brand	
Transdermal Methylphenidate: Daytrana	
Serdexmethylphenidate and Dexmethylphenidate: Azstarys	

‡Requests for quantities greater than 30 mg per day in individuals 13 years of age or older will be reviewed for medical necessity (AHFS, DrugPoints).

Attention deficit hyperactivity disorder (ADHD) may also be referred to as attention deficit disorder (ADD).

Individuals age 19 and over will require prior authorization for diagnosis and trial of preferred products where applicable.

STEP THERAPY APPROVAL CRITERIA:

Requests for a non-preferred, stimulant ADHD agent [Azstarys, Dyanavel XR (suspension, tablets), Adenzys XR-ODT, Adderall (brand), Adderall XR (brand), Mydayis ER, Desoxyn, Dexedrine Spansules (brand), dextroamphetamine (generic) 15mg, 20mg, 30mg tablets, Evekeo/Evekeo ODT, Focalin (brand), Focalin XR (brand), Daytrana, Procentra solution (and generic), Zenzedi (brand), Adhansia XR, Aptensio XR (brand and generic), Concerta (brand), Cotempla XR-ODT, Jornay PM, Metadate CD (brand), Methylin Solution, methylphenidate chewable tablets, Ritalin (brand), Ritalin LA (brand), Quillichew ER, Quillivant XR, Relexxii ER

tablets (brand), Xelstrym] may be approved if the following step therapy criteria are met **in addition to** any prior authorization criteria listed below:

I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred stimulant agent;

Preferred agents: dexmethylphenidate (IR and XR), dextroamphetamine-amphetamine tablet (IR and ER), dextroamphetamine 5mg, 10mg tablets, dextroamphetamine SR capsules, the following generic methylphenidate agents: [methylphenidate ER/SR/CR tablet, methylphenidate tablet/oral solution, methylphenidate ER 24-hr tablet (AB-rated generic Concerta), methylphenidate CD/ER/LA capsule], Metadate ER.

PRIOR AUTHORIZATION APPROVAL CRITERIA:

I. Requests for dexmethylphenidate (Focalin and generic, Focalin XR and generic), amphetamine [Dyanavel XR (suspension, tablets), Adzenys XR-ODT], and serdexmethylphenidate/dexmethylphenidate (Azstarys) may be approved if the following criteria are met:

A. Individual is 6 years of age or older; **AND**
B. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD).

Requests for amphetamine [Dyanavel XR (tablets, suspension), Adzenys XR-ODT], Serdexmethylphenidate and Dexmethylphenidate (Azstarys), and dexmethylphenidate (Focalin and Focalin XR) agents may not be approved for the following:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems; **OR**
B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

II. Requests for amphetamine sulfate tablets (Evekeo) may be approved when the following criteria are met:

A. Individual is 3 years of age or older; **AND**
B. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD);

OR
C. Individual is 6 years of age or older; **AND**
D. Individual has a diagnosis of narcolepsy.

Requests for amphetamine sulfate tablets (Evekeo) may not be approved in the presence of the following diagnoses:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems; **OR**

B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

III. Requests for amphetamine sulfate oral disintegrating tablets (Evekeo ODT) may be approved when the following criteria are met:

A. Individual is 6 years of age or older; **AND**
B. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD).

Requests for amphetamine sulfate oral disintegrating tablets (Evekeo ODT) may not be approved in the presence of the following diagnoses:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems; **OR**
B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

IV. Requests for methamphetamine (Desoxyn) may be approved if following criteria are met:

A. Individual is 6 years of age or older; **AND**
B. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD)**.**

Requests for Desoxyn (methamphetamine) may not be approved for the following:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, coronary artery disease, or other serious heart problems; **OR**
B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

IV. Requests for transdermal methylphenidate (Daytrana) may be approved if the following criteria are met:

A. Individual is 6 years of age or older; **AND**
B. Individual has a diagnosis of attention deficit hyperactivity disorder; **AND**
C. Individual has had a suboptimal response to **one** maximally titrated long-acting methylphenidate product; **OR**
D. Individual has experienced **one** of the following adverse effects on previous therapy:
    1. Diminished appetite and documented weight loss from baseline over a three (3) month observation period; **OR**
    2. An elevated blood pressure over baseline demonstrated by at least three measurements over one (1) week period; **OR**
    3. Behavior or mood changes interfering with daily activities, including complaints of abdominal distress, sleep problems, or oppositional/rebellious/aggressive behavior.

Requests for transdermal methylphenidate (Daytrana) agents may not be approved for the following:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems; **OR**
B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

V. Requests for dextroamphetamine [Dexedrine, Dexedrine Spansules, ProCentra solution (and generic), Zenzedi and generic products] may be approved if the following criteria are met:

A. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **AND**
B. One of the following:
1. Individual is 3 years of age or older and using immediate-release product; **OR**
2. Individual is 6 years of age or older and using an extended-release product;

OR
C. Individual is 6 years of age or older; **AND**
D. Individual has a diagnosis of narcolepsy.

Requests for dextroamphetamine (Dexedrine, Dexedrine Spansules, ProCentra, Zenzedi) agents may not be approved for the following:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems; **OR**
B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

VI. Requests for transdermal dextroamphetamine (Xelstrym) may be approved if the following criteria are met:
A. Individual is 6 years of age or older; **AND**
B. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD).

Requests for transdermal dextroamphetamine (Xelstrym) agents may not be approved for the following:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems; **OR**
B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

VII. Requests for dextroamphetamine/amphetamine salt combination (Adderall, Adderall XR and generic products) agents may be approved if the following criteria are met:

A. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **AND**
B. One of the following:
1. Individual is 3 years of age or older and using an immediate-release product; **OR**
2. Individual is 6 years of age or older and using an extended-release product;

OR

C. Individual is 6 years of age or older; **AND**
D. Individual is using an immediate-release product for the treatment of narcolepsy.

Requests for amphetamine/dextroamphetamine salt combination (Adderall, Adderall XR) agents may not be approved for the following:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, coronary artery disease, or other serious heart problems; **OR**
B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

VIII. Requests for dextroamphetamine/amphetamine salt combination (Mydayis ER products) agents may be approved if the following criteria are met:

A. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **AND**
B. Individual is 13 years of age or older.

Requests for amphetamine/dextroamphetamine salt combination (Mydayis ER) agents may not be approved for the following:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, coronary artery disease, or other serious heart problems; **OR**
B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

IX. Requests for methylphenidate (Methylin Solution, Ritalin, and generic products) may be approved if the following criteria are met:

A. Individual is 6 years of age or older; **AND**
B. One of the following:
   1. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **OR**
   2. Individual has a diagnosis of narcolepsy.

OR

C. Individual is 4 or 5 years of age; **AND**
D. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **AND**
E. Individual and caregivers have participated in behavioral interventions; **AND**
F. Individual continues with moderate-to-severe disturbance in function. (AAP 2019).

X. Requests for methylphenidate [Adhansia XR, Aptensio XR, Cotempla XR-ODT, Concerta, Jornay PM, Metadate CD, Metadate ER, Relexxii ER tablets, Quillichew ER, Quillivant XR, Ritalin LA, and generic products] may be approved if the following criteria are met:

A. Individual is 6 years of age or older; **AND**

B. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD);

OR

C. Individual is 4 or 5 years of age (excluding Aptensio XR); **AND**
D. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **AND**
E. Individual and caregivers have participated in behavioral interventions; **AND**
F. Individual continues with moderate-to-severe disturbance in function. (AAP 2019)

Requests for oral methylphenidate agents may not be approved for the following:

A. Individual has known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, coronary artery disease, or other serious heart problems; **OR**
B. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

Notes:
Stimulant agents (methylphenidate, amphetamines, Vyvanse, methamphetamines, dexmethylphenidate, dextroamphetamine) have a black box warning for the potential for abuse and dependence. CNS stimulants have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: June 25, 2024.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Farone S. Prescription stimulant misuse, abuse prevalent among adults with ADHD. February 1, 2019. Available from: https://www.healio.com/news/psychiatry/20190131/prescription-stimulant-misuse-abuse-prevalent-among-adults-with-adhd.
4. Geffen J, Forster K. Treatment of adult ADHD: A clinical perspective. Therapeutic Advances in Psychopharmacology. 2018.Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; Updated periodically.
5. Kessler RC, Adler L, Barkley R, et.al. The prevalence and correlates of adult ADHD in the United States: Results from the National Comorbidity Survey Replication. *Am J Psych.* 2006 April; 163(4): 716-723. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2859678/pdf/nihms176779.pdf.
6. Post RE and Kurlansik SL. Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder in Adults. *Am Fam Physician.* 2012; 85(9):890-896. Available from: http://www.aafp.org/afp/2012/0501/p890.html.