

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
<u>Amphetamine</u> Adzenys ER Suspension Evekeo ODT	N/A
<u>Dextroamphetamine:</u> ProCentra Zenzedi Dextroamphetamine tablet/oral solution Dextroamphetamine SR capsules	N/A
<u>Dextroamphetamine and Amphetamine:</u> Dextroamphetamine-Amphetamine tablet Dextroamphetamine-Amphetamine ER capsule	N/A
<u>Dexmethylphenidate:</u> Dexmethylphenidate tablet Dexmethylphenidate ER capsule	N/A
<u>Lisdexamfetamine Dimesylate:</u> Vyvanse	N/A
Methamphetamine	N/A
<u>Methylphenidate:</u> Metadate ER Methylphenidate tablet/solution/chew Methylphenidate ER/SR/CR tablet Methylphenidate ER 24-hr tablet (AB-rated generic Concerta) Methylphenidate CD/ER/LA capsule	N/A

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

APPROVAL CRITERIA

Initial requests for individuals age 19 and over require documentation provided for diagnosis.

- I. Requests for amphetamine (Adzenys ER suspension) and dexmethylphenidate/ER, 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 (Adzenys ER suspension) and dexamethylphenidate 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 (Evekeo ODT) may be approved if the following criterion is met:
 - A. Individual is 3 years of age or older and has a diagnosis of attention deficit hyperactivity disorder (ADHD);

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

- A. Structural cardiac abnormalities; **OR**
- B. Cardiomyopathy; **OR**
- C. Serious heart arrhythmia; **OR**
- D. Coronary artery disease; **OR**
- E. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.

- III. Requests for methamphetamine 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); **AND**
 - C. Individual has had a trial of and insufficient response or intolerance to one of the following:
 - 1. A methylphenidate containing product; **OR**
 - 2. An amphetamine containing product (such as, amphetamine/dextroamphetamine, lisdexamfetamine, or dextroamphetamine).

Requests for methamphetamine may not be approved in the presence of the following diagnoses:

- A. Glaucoma; **OR**
- B. Advanced arteriosclerosis; **OR**
- C. Symptomatic cardiovascular disease; **OR**
- D. Uncontrolled moderate to severe hypertension; **OR**
- E. Hyperthyroidism; **OR**
- F. Agitated states; **OR**
- G. In individuals with a history of drug abuse; **OR**
- H. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used and MAOI in the previous 14 days.

- IV. Requests for lisdexamfetamine (Vyvanse) 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 18 years of age or older; **AND**
- D. Individual has a diagnosis of binge-eating disorder.

Requests for lisdexamfetamine (Vyvanse) may not be approved for the following:

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

V. Requests for dextroamphetamine (Zenzedi, Procentra) may be approved if the following criteria are met:

- A. Individual has a diagnosis of attention deficit hyperactivity disorder; **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 has a diagnosis of narcolepsy;

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

- A. Individual has a diagnosis of attention deficit hyperactivity disorder; **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 (generic Adderall, Adderall XR) agents may not be approved for the following:

- A. Individual has any of the following:
 - 1. Advanced arteriosclerosis; **OR**

- 2. Symptomatic cardiovascular disease; **OR**
 - 3. Uncontrolled moderate to severe hypertension; **OR**
 - 4. Hyperthyroidism; **OR**
 - 5. Glaucoma; **OR**
 - B. Individual has an agitated state; **OR**
 - C. Individual has a history of drug abuse; **OR**
 - D. Individual is currently using a monoamine oxidase inhibitor (MAOI) or has used an MAOI in the previous 14 days.
- VII. Requests for oral methylphenidate (Methylphenidate/ER) 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; **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 2011).
- VIII. Requests for oral methylphenidate (Metadate ER) 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; **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, dextmethylphenidate, 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. Strattera (atomoxetine) has a black box warning for suicidal ideation in children and adolescents. Strattera was noted to increase the risk of suicidal ideation in short-term studies in children or adolescents with

ADHD. The risk of use with the clinical need should be considered. Comorbidities occurring with ADHD may be associated with an increase in the risk of suicidal ideation and/or behavior. Individuals who are started on therapy should be monitored closely for suicidality (suicidal thinking and behavior), clinical worsening, or unusual changes in behavior. Strattera is approved for ADHD in pediatric and adult individuals and not approved for major depressive disorder.

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5. American Academy of Pediatrics. ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. 2011; 128:1007-1022. Available from: <http://pediatrics.aappublications.org/content/128/5/1007.full.pdf>.
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10. 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>.
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Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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