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
Note: prior authorization applies to the brand, generic and branded generic name of all dose forms for the following products. Step therapy applies to only those specifically	
Amphetamine	
Adzenys XR-ODT	Non-Preferred
Amphetamine ER Suspension 1.25 mg/mL	Preferred
Amphetamine tablet	Preferred
Dyanavel XR suspension, tablets	Non-Preferred
Evekeo tablet	N/A
Evekeo ODT	Non-Preferred
Dextroamphetamine:	
Dextroamphetamine tablets, solution	Preferred
Dextroamphetamine ER capsules	Preferred
Dexedrine Spansules	Non-Preferred (brand)
ProCentra	Preferred
Zenzedi	Preferred
Transdermal Dextroamphetamine:	Non-Preferred
Xelstrym	
Dextroamphetamine and Amphetamine:	
Adderall	Non-Preferred (brand)
Adderall XR‡	Non-Preferred (brand)
Dextroamphetamine-Amphetamine tablet	Preferred
Dextroamphetamine-Amphetamine ER capsule‡	Preferred
Mydayis	Non-Preferred
Dextroamphetamine-Amphetamine 3-Bead ER 24hr capsule	Preferred
Dexmethylphenidate:	
Focalin/XR	Non-Preferred (brand)
Dexmethylphenidate tablet	Preferred
Dexmethylphenidate ER capsule	Preferred
Lisdexamfetamine Dimesylate:	
Vyvanse	Non-Preferred (brand)
Lisdexamfetamine Dimesylate	Preferred

Methamphetamine:	
Desoxyn	Non-Preferred (brand)
Methamphetamine 5 mg	Non-Preferred
Methylphenidate:	
Aptensio XR	Non-Preferred
Concerta	Non-Preferred (brand)
Cotempla XR-ODT	Non-Preferred
Jornay PM	Non-Preferred
Metadate CD	Non-Preferred (brand)
Metadate ER	N/A
Ritalin LA 10mg, 20mg, 30mg, 40mg, 60mg	Non-Preferred (brand)
Methylin solution	Non-Preferred (brand)
Ritalin tablet	Non-Preferred (brand)
Quillichew ER	Non-Preferred
Quillivant XR	Non-Preferred
Methylphenidate tablet/solution/chew	Preferred
Methylphenidate ER/SR/CR tablet	Preferred
Relexxi ER	Non-Preferred
Methylphenidate ER 24-hr tablet (AB-rated generic Concerta)	Preferred
Methylphenidate CD/ER/LA capsule	Preferred
Transdermal Methylphenidate:	Non-Preferred
Daytrana	
Serdexmethylphenidate and Dexmethylphenidate:	Non-Preferred
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).

STEP THERAPY APPROVAL CRITERIA

Requests for a non-preferred, stimulant ADHD agents: (brand Adderall; brand Adderall XR; Adzenys XR-ODT; brand Aptensio XR; Azstarys, brand Concerta; Cotempla XR-ODT; Daytrana; brand Desoxyn, brand Dexedrine Spansule; Dyanavel XR suspension, tablets; Evekeo ODT; brand Focalin/XR; Jornay PM; brand Metadate CD; Methamphetamine 5mg; brand Methylin solution; brand Mydayis; Quillichew ER; Quillivant XR; Relexxii ER; brand Ritalin/LA; Vyvanse – brand, Xelstrym) may be approved if the following criteria are met:

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

Preferred stimulant ADHD agents are: Amphetamine tablet; Dexmethylphenidate tablet; Dexmethylphenidate ER capsule; Dextroamphetamine tablet/oral solution; Dextroamphetamine ER capsules; Dextroamphetamine-Amphetamine tablet; Dextroamphetamine-Amphetamine ER capsule; Dextroamphetamine-Amphetamine 3-

Bead ER 24hr capsule; Methylphenidate tablet/solution; Methylphenidate chewable (where formulary in IN); Methylphenidate ER/SR/CR; Methylphenidate ER 24-hr tablet (AB-rated generic Concerta); Methylphenidate CD/ER/LA/XR capsule; ProCentra; Lisdexamfetamine; Zenzedi.

PRIOR AUTHORIZATION APPROVAL CRITERIA

I. Requests for amphetamine [Adzenys XR-ODT, Dyanavel XR (suspension, tablets)], dexmethylphenidate (Focalin, Focalin XR), transdermal methylphenidate (Daytrana), or 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 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.

Requests for amphetamine [Dyanavel XR (suspension, tablets), Adzenys XR-ODT], serdexmethylphenidate/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 (Evekeo ODT) may be approved if the following criterion is met:

A. Individual is 6 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 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.

III. Request for amphetamine (Evekeo tablet) may be approved if the following criteria are met:

A. Individual is 3 years of age or older and has a diagnosis of attention deficit hyperactivity disorder (ADHD); **OR**
B. Individual is 6 years of age or older and has a diagnosis of narcolepsy.

Request for Evekeo (amphetamine sulfate) 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 methamphetamine (Desoxyn) 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 Desoxyn (methamphetamine) may not be approved in the presence of 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 and MAOI in the previous 14 days.

V. 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.

VI. Requests for dextroamphetamine (Dexedrine, Dexedrine Spansules, ProCentra, Zenzedi) 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.

Requests for dextroamphetamine (Dexedrine, Dexedrine Spansules, ProCentra, Zenzedi) 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.

VII. 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 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.

VIII. Requests for dextroamphetamine-amphetamine combination (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 and 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 combination (Adderall, Adderall XR) 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 dextroamphetamine-amphetamine ER combination (Mydayis) 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 combination ER (Mydayis) 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.

X. Requests for oral methylphenidate (Methylin solution, Ritalin) 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 2019).

XI. Requests for oral methylphenidate (Aptensio XR, Concerta, Cotempla XR-ODT, Jornay PM, Metadate CD, Relexxii ER, Quillichew ER, Quillivant XR, Ritalin LA) 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); **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.

Key References:

1. American Academy of Pediatrics. ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics.* 2019; 144(4): e20192528. Available from: https://publications.aap.org/pediatrics/article/144/4/e20192528/81590/Clinical-Practice-Guideline-for-the-Diagnosis. Accessed June 25, 2024.
2. Berkman ND, Brownley KA, Peat CM, et al. Management and Outcomes of Binge-Eating Disorder [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2015 Dec. (Comparative Effectiveness Reviews, No. 160.) Table 1, DSM-IV and DSM-5 diagnostic criteria for binge-eating disorder. Available from: https://www.ncbi.nlm.nih.gov/books/NBK338301/table/introduction.t1/. Accessed June 25, 2024.
3. Brownley KA, Berkman ND, Peat CM, et al. Binge-Eating Disorder in Adults: A Systematic Review and Meta-analysis. *Ann Intern Med*. 2016; 165: 409-20. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5637727/pdf/nihms891228.pdf.Charach A, Dashti B, Carson P, et al. Attention Deficit Hyperactivity Disorder: Effectiveness of Treatment in At-Risk Preschoolers; Long-Term Effectiveness in All Ages; and Variability in Prevalence, Diagnosis, and Treatment. Comparative Effectiveness Review No. 44. (Prepared by the McMaster University Evidence-based Practice Center under Contract No. MME2202 290-02-0020.) AHRQ Publication No. 12-EHC003-EF. Rockville, MD: Agency for Healthcare Research and Quality. October 2011. Last Review July 2012. Available at: www.effectivehealthcare.ahrq.gov/reports/final.cfm.
4. 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.
5. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; Updated periodically.
7. 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.