

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	NA	X	X	NA

## ADHD Narcolepsy

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

Quantity Limit	
All agents	May be subject to quantity limit

Medications
<b>Preferred Products</b>
<b><u>Atomoxetine:</u></b> Strattera generic
<b><u>Clonidine (extended release):</u></b> Kapvay generic
<b><u>Dexmethylphenidate:</u></b> Focalin generic Focalin XR generic
<b><u>Dextroamphetamine and Amphetamine:</u></b> Adderall generic Adderall XR generic
<b><u>Dextroamphetamine:</u></b> Dexedrine tablet generic Dexedrine capsules generic
<b><u>Methylphenidate:</u></b> Metadate ER generic methylphenidate products, except: chewable tablets and ER 72mg tablets
<b>Non-Preferred Products</b>
<b><u>Atomoxetine:</u></b> Strattera Brand
<b><u>Amphetamine:</u></b> Dyanavel XR Adzenys ER Suspension (and generic) Adzenys XR-ODT

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<p><b><u>Clonidine (extended release):</u></b> Kapvay Brand</p>
<p><b><u>Guanfacine (extended release):</u></b> Intuniv and generic</p>
<p><b><u>Dextroamphetamine and Amphetamine:</u></b> Adderall Brand Adderall XR Brand Mydayis ER</p>
<p><b><u>Dextroamphetamine:</u></b> Dexedrine tablet Brand Dexedrine spansules Brand</p>
<p><b><u>Dexmethylphenidate:</u></b> Focalin Brand Focalin XR Brand</p>
<p><b><u>Transdermal Methylphenidate:</u></b> Daytrana</p>
<p><b><u>Dextroamphetamine:</u></b> ProCentra solution (and generic) Zenzedi</p>
<p><b><u>Methylphenidate:</u></b> Adhansia XR Aptensio XR (and generic) Concerta Brand Cotempla XR - ODT Jornay PM Metadate CD Brand Methylin Brand Methylin ER Brand Methylphenidate chewable tablets Methylphenidate ER 72mg tablets Relexxii ER 72mg tablets Ritalin Brand Ritalin LA Brand Ritalin SR Brand Quillichew ER Brand Quillivant XR Brand</p>

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

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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* ADHD agent [Dyanavel XR, Adenzys XR-ODT, Adzenys ER Suspension (brand and generic), Kapvay (brand) , Intuniv (brand and generic), Adderall (brand), Adderall XR (brand), Mydayis ER, Dexedrine tablet (brand), Dexedrine Spansules (brand), Focalin (brand), Focalin XR (brand), Daytrana, Procentra solution (and generic), Zenzedi, Adhansia XR, Aptensio XR (brand and generic), Concerta (brand), Cotempla XR-ODT, Jornay PM, Metadate CD (brand), Methylin (brand), Methylin ER (brand), methylphenidate chewable tablets, methylphenidate ER 72mg tablets, Ritalin (brand), Ritalin LA (brand), Ritalin SR (brand), Quillichew ER, Quillivant XR, Relexxii ER 72mg tablets (brand), Strattera (brand)] may be approved if the following step therapy criteria are met **in addition to** any prior authorization criteria listed below:

- I. Individual has been on requested non-preferred ADHD agent in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial); **OR**
- II. 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 agent;

**Preferred agents:** atomoxetine, clonidine extended-release, dexamethylphenidate (IR and XR), dextroamphetamine-amphetamine tablet (IR and ER), dextroamphetamine tablet, dextroamphetamine SR capsules, the following generic methylphenidate agents: [methylphenidate ER (not 72mg)/SR/CR tablet, methylphenidate tablet/oral solution, methylphenidate ER 24-hr tablet (AB-rated generic Concerta), methylphenidate CD/ER/LA capsule], Metadate ER.

**OR**

- III. The preferred agents are not FDA-approved for the prescribed indication and do not have an accepted off-label use per the off-label policy for the prescribed indication and the requested non-preferred agent does; **OR**
- IV. The preferred agent is not acceptable due to concomitant clinical conditions, such as but not limited to the following:
  - A. Individual's age: **OR**
  - B. Other known disease state or medication contraindication which is not also associated with the requested non-preferred agent.

**PRIOR AUTHORIZATION APPROVAL CRITERIA:**

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I. **Dexmethylphenidate (Focalin and generic, Focalin XR and generic), Amphetamine (Dyanavel XR, Adzenys XR-ODT, Adzenys ER Suspension), Guanfacine extended release (Intuniv and generic), Clonidine extended release (Kapvay and generic), Atomoxetine (Strattera and generic):**

Approve Dexmethylphenidate (Focalin and generic, Focalin XR and generic), Amphetamine (Dyanavel XR, Adzenys XR-ODT, Adzenys ER Suspension), and Guanfacine extended release (Intuniv and generic), Clonidine extended release (Kapvay and generic), and Atomoxetine (Strattera and generic) when the following FDA approved indications or medically accepted usage criteria is met, if required by benefit:

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

II. **Transdermal Methylphenidate (Daytrana):**

Approve Transdermal Methylphenidate (Daytrana) when the following FDA approved indications or medically accepted usage criteria is met, if required by benefit:

- 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.

III. **Dextroamphetamine (Dexedrine, Dexedrine Spansules, ProCentra solution (and generic), Zenzedi and generic products):**

- A. Individual has been on requested preferred ADHD agent in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial);
- OR**
- B. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **AND**
- C. One of the following:
  1. Individual is 3 years of age or older and using immediate-release product;

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**OR**

2. Individual is 6 years of age or older and using an extended-release product;

**OR**

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

E. Individual has a diagnosis of narcolepsy.

**IV. Dextroamphetamine and Amphetamine (Adderall, Adderall XR and generic products):**

A. Individual has been on requested preferred ADHD agent in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial);

**OR**

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

C. 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**

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

E. Individual is using an immediate-release product for the treatment of narcolepsy.

**V. Dextroamphetamine and Amphetamine (Mydayis ER products):**

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

**AND**

B. Individual is 13 years of age or older.

**VI. Methylphenidate (Methylin, Methylin ER, Ritalin, Ritalin SR and generic products (not methylphenidate ER 72mg tablets):**

A. Individual has been on requested preferred ADHD agent in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial);

**OR**

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

**OR**

- D. Individual is 4 or 5 years of age; **AND**  
E. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **AND**  
F. Individual and caregivers have participated in behavioral interventions; **AND**  
G. Individual continues with moderate-to-severe disturbance in function. (AAP 2011).

**VII. Methylphenidate (Adhansia XR, Aptensio XR, Cotempla XR-ODT, Concerta, Jornay PM, Metadate CD, Metadate ER, methylphenidate ER 72mg tablets, Relexxii ER 72mg tablets, Quillichew ER, Quilivant XR, Ritalin LA and generic products):**

- A. Individual has been on requested preferred ADHD agent in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial);

**OR**

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

**OR**

- D. Individual is 4 or 5 years of age; **AND**  
E. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **AND**  
F. Individual and caregivers have participated in behavioral interventions; **AND**  
G. Individual continues with moderate-to-severe disturbance in function. (AAP 2011)

**Note:**

Stimulant agents (methylphenidate, amphetamines, Vyvanse, methamphetamines, dexamethylphenidate, 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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