

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

\*FHK- Florida Healthy Kids

## Desoxyn (methamphetamine)

Override(s)	Approval Duration
Prior Authorization	1 year – ADHD and narcolepsy
Quantity Limit	12 weeks – exogenous obesity

\*Louisiana, Washington and Maryland Medicaid – See State Specific Information Below

Medications	Quantity Limit
Desoxyn (methamphetamine)	May be subject to quantity limit

### APPROVAL CRITERIA

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

- I. Individual is 6 years of age or older; **AND**
- II. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **AND**
- III. Individual has had an appropriate trial of one of the following:
  - A. A methylphenidate containing agent:
    - Preferred 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.
  - OR**
  - B. An amphetamine containing agent:
    - Preferred agents: dextroamphetamine-amphetamine (IR and ER), dextroamphetamine tablet, dextroamphetamine SR capsules.

Requests for Desoxyn (methamphetamine) as an adjunct treatment of exogenous obesity may be approved for a maximum of **12 weeks** if the individual meets all of the following criteria (**Applicable in CA and VA MCD ONLY**):

- I. Individual has a BMI of 30 kg/m<sup>2</sup> or greater; **AND**
- II. Individual has attempted to lose weight through a formalized weight management program (hypocaloric diet, exercise, and behavior modification) for at least 6 months prior to request for drug therapy; **AND**
- III. Individual is currently maintained on a reduced calorie diet and exercise program; **AND**
- IV. Individual is refractory to alternative therapy (including, but not limited to, other medications for weight loss); **AND**
- V. Individual is NOT receiving other medications for weight loss at the same time.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Desoxyn (methamphetamine) may **NOT** be approved in the presence of the following diagnoses:

- I. Individuals taking monoamine oxidase inhibitors (MAOIs); **OR**
- II. Glaucoma; **OR**
- III. Symptomatic cardiovascular disease; **OR**
- IV. Moderate to severe hypertension; **OR**
- V. Hyperthyroidism; **OR**
- VI. Agitated states; **OR**
- VII. In individuals with a history of drug abuse.

**Note:** Desoxyn (methamphetamine) has a black box warning for high potential for abuse. Special attention should be made to the possibility of non-therapeutic use or distribution to others. Misuse of Desoxyn may cause sudden death and serious cardiovascular adverse reactions. Desoxyn should be prescribed or dispensed sparingly.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Louisiana		6.3.6.4. The MCO shall have a DHH approved pharmacy management program and approach to stimulant prescribing for children under age 6 and persons age 18 or older. ~ All ADHD Medications for children younger than 6 years of age AND greater than 17 years of age require Prior Authorization~
Washington		<ul style="list-style-type: none"> <li>• No Quantity Limits, duplication of therapy or duration will apply for adults 18 years of age and older</li> <li>• Provide indefinite coverage for members 21 years of age and younger <b>ONLY IF PREVIOUSLY PRESCRIBED</b> <ul style="list-style-type: none"> <li>○ If the member comes to us on the ADHD therapy, they can remain on that therapy regardless of formulary status (would need to have been on the same medication for 30 days within the past 90 days)</li> </ul> </li> </ul>
Maryland		<ul style="list-style-type: none"> <li>• Behavioral health carved out in Maryland; however, pharmacy coverage is provided for the following agents and above criteria will be applied: <ul style="list-style-type: none"> <li>○ Kapvay (and generic)</li> <li>○ Intuniv (and generic)</li> </ul> </li> </ul>

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**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed April 21, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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