# Harvard Pilgrim Health Care – Pharmacy Prior Authorization Guideline

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| **Guideline Name** | **ADHD Medications**:<br>Adderall (amphetamine-dextroamphetamine mixed salts), Adderall XR (amphetamine-dextroamphetamine mixed salts extended-release), Adzenys ER (amphetamine), Adzenys XR-ODT (amphetamine), Aptensio XR (methylphenidate), amphetamine, amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts extended-release, Concerta (methylphenidate), Cotempla-XR ODT (methylphenidate), Daytrana (methylphenidate), Desoxyn (methamphetamine), Dexedrine (dextroamphetamine), dexmethylphenidate, dexmethylphenidate extended-release, dextroamphetamine, dextroamphetamine extended-release, dextroamphetamine oral solution, Dyanavel XR (amphetamine), Evekeo (amphetamine), Focalin (dexmethylphenidate), Focalin XR (dexmethylphenidate), Jornay PM (methylphenidate), Metadate ER (methylphenidate), methamphetamine, Methylin oral solution (methylphenidate), methylphenidate, methylphenidate chewable tablets, methylphenidate extended-release, methylphenidate extended-release (CD), methylphenidate extended-release (LA), methylphenidate extended-release OSM, methylphenidate oral solution, Mydayis (amphetamine-dextroamphetamine), Procentra (dextroamphetamine), Quillivant XR (methylphenidate), Quillichew ER (methylphenidate), Relexxii (methylphenidate), Ritalin (methylphenidate), Ritalin LA (methylphenidate), Vyvanse (lisdexamfetamine), and Zenzedi (dextroamphetamine) |

## 1. Criteria

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| **Product Name:** Brand Adderall, Generic amphetamine-dextroamphetamine mixed salts, Brand Adderall XR, Generic amphetamine-dextroamphetamine mixed salts extended-release, Brand Adzenys ER, Generic amphetamine ER oral suspension, Adzenys XR-ODT, Aptensio XR, Brand Concerta, Generic methylphenidate extended-release OSM, Cotempla-XR ODT, Daytrana, Brand Desoxyn, Generic methamphetamine, Brand Dexedrine, Generic dextroamphetamine extended-release, Dyanavel XR, Brand Evekeo, Generic amphetamine, Brand Focalin, Generic dexmethylphenidate, Brand Focalin XR, Generic dexmethylphenidate extended-release, Jornay PM, Metadate ER, Generic methylphenidate extended-release, Generic methylphenidate extended-release (CD), Generic methylphenidate chewable tablets, Brand Methylin oral solution, Generic methylphenidate oral solution, Mydayis, Brand Procentra, Generic dextroamphetamine oral solution, Quillivant XR, Quillichew ER, Relexxii, Brand Ritalin, Generic methylphenidate, Brand Ritalin LA, Generic methylphenidate extended-release (LA), Vyvanse, Brand Zenzedi, Generic dextroamphetamine | |
| Approval Length | 12 Month(s) or indefinitely as described below* |
| Therapy Stage | Initial Authorization |
| Guideline Type | Prior Authorization, Non-Formulary |
| **Approval Criteria**<br><br>**1** - One of the following: | |

**1.1** - Both of the following:

**1.1.1** - Patient is less than 18 years of age

**AND**

**1.1.2** - If the requested medication is non-formulary, the patient has tried and failed therapy with TWO alternative formulary medications, one of which is the generic product of the requested medication (if the request if for a multisource brand medication)

**OR**

**1.2** - All of the following:

**1.2.1** - Patient is 18 years of age or older

**AND**

**1.2.2** - Patient has a diagnosis of one of the following:

- Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)
- Narcolepsy
- Traumatic Brain Injury, s/p cerebrovascular event (e.g. ischemic stroke)
- Excessive daytime sedation associated with a chronic medical condition (e.g. cancer, terminal illness, obstructive sleep apnea/hypopnea syndrome, multiple sclerosis, depression, chronic fatigue syndrome, Parkinson's disease)
- Depressive condition in which the stimulant will be used as an augmenting agent with concomitant antidepressant(s)
- FDA approved indication for the requested drug

**AND**

**1.2.3** - If the requested medication is non-formulary, the patient has tried and failed therapy with TWO alternative formulary medications, one of which is the generic product of the requested medication (if the request if for a multisource brand medication)

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| Notes | *If request is for a formulary medication for a member 18 years of age or older, please approve indefinitely (12/31/2039);<br>For all other requests, approval duration will be 12 months. |

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| **Product Name:** Brand Adderall, Generic amphetamine-dextroamphetamine mixed salts, Brand Adderall XR, Generic amphetamine-dextroamphetamine mixed salts extended-release, Brand Adzenys ER, Generic amphetamine ER oral suspension, Adzenys XR-ODT, Aptensio XR, Brand Concerta, Generic methylphenidate extended-release OSM, Cotempla-XR ODT, Daytrana, Brand Desoxyn, Generic methamphetamine, Brand Dexedrine, Generic dextroamphetamine extended-release, Dyanavel XR, Brand Evekeo, Generic amphetamine, Brand Focalin, Generic dexmethylphenidate, Brand Focalin XR, Generic dexmethylphenidate extended-release, Jornay PM, Metadate ER, Generic methylphenidate extended-release, Generic methylphenidate extended-release (CD), Generic methylphenidate chewable tablets, Brand Methylin oral solution, Generic methylphenidate oral solution, Mydayis, Brand Procentra, Generic dextroamphetamine oral solution, Quillivant XR, Quillichew ER, Relexxii, Brand Ritalin, Generic methylphenidate, Brand Ritalin LA, Generic methylphenidate extended-release (LA), Vyvanse, Brand Zenzedi, Generic dextroamphetamine | |
| Approval Length | 12 Month(s) or indefinitely as described below* |
| Therapy Stage | Reauthorization |

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| Guideline Type | Prior Authorization, Non-Formulary |
| **Approval Criteria**<br><br>**1 -** Patient has shown improvement with therapy | |
| Notes | *If request is for a formulary medication for a member 18 years of age or older, please approve indefinitely (12/31/2039);<br>For all other requests, approval duration will be 12 months. |

## 2. Background

**Benefit/Coverage/Program Information**

*Please note, requests for a formulary medication for a member less than 18 years of age will process as PA not required.*

**RATIONALE**
In order to ensure appropriate utilization of Attention Deficit Hyperactivity Disorder (ADHD) products, HPHC has put a prior authorization in place for members 18 years of age and older.

**FDA APPROVED INDICATIONS**
Please refer to the prescribing information for product FDA-approved indications.

**REFERENCES**


- Please refer to the prescribing information for references.
- McIntyre RS, Lee Y, Zhou AJ, et al. The efficacy of psychostimulants in major depressive episodes: A systematic review and meta-analysis. J Clin Psychopharmacol. 2017 Aug;37(4):412-418.
- Nierenberg, A. Unipolar major depression in adults: Augmentation of antidepressants with stimulants and stimulant-like drugs. In: Solomon D, ed. UpToDate [database online]. Waltham, MA: UpToDate, 2019. https://www.uptodate.com. Accessed October 9, 2020.


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| Created: 09/18 |
| Revised:<br>• Annual review (effective: 1/1/20)<br>• 2/14/20 - Added generic of Adzenys ER [generic amphetamine ER oral suspension] (effective: 3/15/20)<br>• 10/9/20 - Annual review: background updates; updated diagnosis criteria to include augmentation of depression as well as other clarifications |
| P&T Approval: 12/7/20 |
| Effective: 1/1/21 |