

Harvard Pilgrim Health Care – Pharmacy Prior Authorization Guideline

Guideline Name	ADHD Medications: 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)
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1. Criteria

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	
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization, Non-Formulary
Approval Criteria 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 - One of the following:

1.1.2.1 - The requested medication is on formulary*

OR

1.1.2.2 - Patient has tried and failed therapy with at least two alternative formulary medications, one of which is the generic product of the requested medication (if the request is 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)
- FDA approved indication for the requested drug
- 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, multiple sclerosis)

AND

1.2.3 - One of the following:

1.2.3.1 - The requested medication is on formulary**

OR

1.2.3.2 - Patient has tried and failed a sufficient course of therapy with at least two alternative formulary medications, one of which is the generic product of the requested medication (if the request is for a multisource brand medication)

Notes

*If request is for a formulary medication for a member less than 18 years of age, process as PA not required. **If request is for a formulary medication for a member 18 years of age or older, please approve indefinitely (12/31/2039); For all other requests, approval duration will be 12 months.

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Approval Length	12 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization, Non-Formulary

Approval Criteria

1 - Patient has shown improvement with therapy

2. Background

Benefit/Coverage/Program Information
<p>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.</p> <p>FDA APPROVED INDICATIONS Please refer to the prescribing information for product FDA-approved indications.</p> <p>REFERENCES Facts and Comparisons.www.factsandcomparisons.com. Accessed 09/13/2018.</p>
Created: 09/18
Revised: 2/14/20 (Added generic of Adzenys ER [generic amphetamine ER oral suspension])
P&T Approval: 12/02/19
Effective: 3/15/20