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Applies to:	⊠New Jersey	□Maryland	□Michigan	
	⊠Pennsylvania Kids	□Virginia		

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for amphetamine products under the member's prescription drug benefit.

Description:

Adderall

Adderall is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) and Narcolepsy.

Adderall XR

Adderall XR is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD).

Adzenys ER, Adzenys XR-ODT, Desoxyn, Dyanavel XR

These products are indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older.

Dexedrine

Narcolepsy

Attention Deficit Disorder with Hyperactivity as an integral part of a total treatment program that typically includes other measures (psychological, educational, social) for patients (ages 6 years to 16 years) with this syndrome.

Dextroamphetamine, ProCentra, Zenzedi

Narcolepsy

Attention Deficit Disorder with Hyperactivity as an integral part of a total treatment program which typically includes other remedial measures (psychological, educational, social) for a stabilizing effect in pediatric patients (ages 3 to 16 years) with a behavioral syndrome characterized by the following group of developmentally inappropriate symptoms: moderate to severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity.

Evekeo

Narcolepsy

<u>Attention Deficit Disorder with Hyperactivity</u> as an integral part of a total treatment program which typically includes other remedial measures (psychological, educational, social) for a stabilizing effect in children with behavioral syndrome characterized by the following group

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of developmentally inappropriate symptoms: moderate to severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity.

<u>Exogenous Obesity</u> as a short term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction for patients refractory to alternative therapy, e.g., repeated diets, group programs, and other drugs. The limited usefulness of amphetamines should be weighed against possible risks inherent in use of the drug.

Evekeo ODT

Evekeo ODT is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in pediatric patients 3 to 17 years of age.

Mydayis

Mydayis is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in patients 13 years and older.

Xelstrym

Xelstrym is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in adults and pediatric patients 6 years and older.

Compendial Uses

Narcolepsy

Applicable Drug List:

Amphetamine/dextroamphetamine
Dextroamphetamine
Procentra

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

 The patient has a diagnosis of Attention-Deficit Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD)

AND

• If 5 years of age or younger, the patient continues to have Attention-Deficit Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD) symptoms despite participating in evidence-based behavioral therapy (e.g., parent training in behavior management (PTBM), behavioral classroom interventions)

AND

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 The diagnosis has been appropriately documented (e.g., evaluated by a complete clinical assessment, using DSM-5, standardized rating scales, interviews/questionnaires)

OR

The patient has the diagnosis of narcolepsy

AND

The diagnosis has been confirmed by a sleep study

Approval Duration and Quantity Restrictions:

Approval:

Attention-Deficit Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD): Approve 12 months

Narcolepsy: Approve 12 months

Quantity Level Limit: Reference Formulary for drug specific quanitity level limits

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