AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Amphetamine Products	Page:	1 of 4
Effective Date:	4/1/2024	Last Review Date:	3/2024
Applies to:	☐Illinois ☒New Jersey ☐Pennsylvania Kids	☐Florida ☐Maryland ☐Virginia	☐Florida Kids ☐Michigan

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
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 children with behavioral syndrome characterized by the following group

of developmentally inappropriate symptoms: moderate to severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity.
Exogenous Obesity 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:
Reference Formulary for specific drugs

Policy/Guideline:

Documentation for Initial Requests for all indications:
For non-preferred medication requests, the patient is unable to take two (2) formulary alternatives for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

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

- The patient is 6 years of age or older
  OR
- The patient is 5 years of age or younger
  AND
  - The patient continues to have ADHD/ADD (Attention-Deficit/Hyperactivity Disorder or Attention Deficit Disorder) symptoms despite participating in evidence-based behavioral therapy (e.g., parent training in behavior management (PTBM), behavioral classroom interventions)

OR

- The request is for continuation of therapy
  AND
- The patient achieved or maintained improvement in their signs and symptoms of ADHD/ADD (Attention-Deficit/Hyperactivity Disorder or Attention Deficit Disorder) from baseline
  AND
- The patient's need for continued therapy has been assessed within the previous year

OR

- The patient has a diagnosis of narcolepsy
  AND
  - The requested drug is being prescribed by, or in consultation with, a sleep specialist
    AND
  - The diagnosis has been confirmed by a sleep study

  OR

  - The request is for continuation of therapy
    AND
  - The patient achieved or maintained improvement in daytime sleepiness with narcolepsy from baseline

OR

- The request is for Vyvanse for the treatment of moderate to severe binge eating disorder (BED)
  AND
  - The request is for initial therapy

  OR

- The request is for continuation of therapy
  AND
- The patient achieved or maintained improvement in symptoms of BED from baseline
  AND
- The patient's need for continued therapy has been assessed within the previous year

Approval Duration and Quantity Restrictions:

Approval: Initial and Renewal - Approve 12 months

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

References:

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2. Adderall XR [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; October 2023.
3. Adzenys XR-ODT [package insert]. Grand Prairie, TX: Neos Therapeutics Brands LLC; October 2023.
4. Desoxyn [package insert]. Bristol, TN: UPM Pharmaceuticals; October 2023.
5. Dexedrine Spansule [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; October 2023.
6. Dextroamphetamine sulfate [package insert]. Monmouth Junction, NJ: Tris Pharma, Inc.; June 2023.
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9. Evekeo ODT [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC; October 2023.
10. Mydayis [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; October 2023.
11. ProCentra [package insert]. Newport, KY: Independence Pharmaceuticals, LLC; July 2023.
12. Vyvanse [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; October 2023.
13. Xelstrym [package insert]. Miami, FL: Noven Pharmaceuticals, Inc.; October 2023.
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15. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed September 26, 2023.
16. Lexicomp Online, Lexi-Drugs Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed September 26, 2023.
17. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 09/26/2023).
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19. Wolraich ML, Hagan JF, Allan C, et al. AAP Subcommittee On Children And Adolescents With Attention-Deficit/Hyperactive Disorder. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. 2019;144(4):e20192528.
20. American Academy of Sleep Medicine. The International Classification of Sleep Disorders, 3rd edition. Darien, IL: American Academy of Sleep Medicine, 2014.
21. Sateia MJ. International Classification of Sleep Disorders- Third Edition: Highlights and Modifications. *CHEST*. 2014;146(5):1387-1394.
22. Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med.* 2021;17(9):1881-1893.