

## NON-PREFERRED EXTENDED RELEASE STIMULANTS

### Applies to:

amphetamine extended-release oral suspension (ADZENYS ER)  
 amphetamine extended-release oral suspension (DYNAVEL XR)  
 amphetamine extended-release (ADZENYS XR-ODT)  
 dextmethylphenidate extended-release (FOCALIN XR)  
 dextroamphetamine extended-release (DEXEDRINE SPANSULE)  
 dextroamphetamine transdermal (XELSTRYM)  
 methylphenidate controlled-delivery (METADATE CD)  
 methylphenidate extended-release (METADATE ER)  
 methylphenidate extended-release (APTENSIO XR)  
 methylphenidate extended-release (ADHANSIA XR)  
 methylphenidate extended-release (APTENSIO XR)  
 methylphenidate extended-release (RELEXXII)  
 serdexmethylphenidate-dexmethylphenidate (AZSTARYS)  
 methylphenidate extended-release (COTEMPLA XR ODT)  
 methylphenidate extended-release patch (DAYTRANA)  
 methylphenidate extended-release (JORNAY PM)  
 dextroamphetamine/amphetamine extended-release (MYDAYIS)  
 methylphenidate extended-release (QUILLICHEW ER)  
 methylphenidate extended-release (QUILLIVANT XR)

### Diagnoses Considered for Coverage:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Narcolepsy

### Coverage Criteria:

#### For diagnoses considered for coverage:

- Dose does not exceed FDA label maximum, **and**
- For patient at least 18 years old:
  - Being used for attention deficit hyperactivity disorder (ADHD) confirmed by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty) after 18 years of age, **or**
  - Being used for narcolepsy confirmed by a positive sleep study (polysomnography), **or**
  - Being used for compendia or guideline supported diagnosis and for psychiatric conditions - diagnosed by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty),

## AND

- Meets drug specific pre-requisite step therapy requirements in table below:

Drug	Coverage Criteria
<ul style="list-style-type: none"> <li>Dyanavel XR (amphetamine extended-release)</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate response or intolerable side effect to two preferred amphetamine class agent, including: <ul style="list-style-type: none"> <li>dextroamphetamine-amphetamine (Adderall XR)</li> <li>Vyvanse</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Mydayis (dextroamphetamine-amphetamine extended release)</li> </ul>	<ul style="list-style-type: none"> <li>Intolerable side effect or contraindication to extended-release dextroamphetamine-amphetamine (Adderall XR) not expected with Mydayis.</li> </ul>
<ul style="list-style-type: none"> <li>Adzenys XR-ODT (amphetamine extended-release)</li> <li>amphetamine extended-release oral suspension (Adzenys ER)</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate response or intolerable side effect with preferred dextroamphetamine-amphetamine combination (Adderall XR)</li> </ul>
<ul style="list-style-type: none"> <li>dextroamphetamine extended-release (Dexedrine Spansule)</li> <li>dexmethylphenidate extended-release (Focalin XR)</li> <li>XELSTRYM (dextroamphetamine, transdermal)</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate response, intolerable side effect, or contraindication to ONE preferred extended-release ADHD agent including: <ul style="list-style-type: none"> <li>methylphenidate extended-release (Concerta)</li> <li>methylphenidate extended-release (Ritalin LA)</li> <li>dextroamphetamine/ amphetamine extended-release (Adderall XR)</li> <li>Vyvanse</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>methylphenidate controlled-delivery (Metadate CD)</li> <li>methylphenidate extended-release (Metadate ER)</li> <li>methylphenidate</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate response, intolerable side effect, or contraindication to ONE extended-release methylphenidate agent including: <ul style="list-style-type: none"> <li>methylphenidate extended-release (Concerta)</li> <li>methylphenidate extended-release</li> </ul> </li> </ul>

<p><b>extended-release (Aptensio XR)</b></p> <ul style="list-style-type: none"> <li>• <b>methylphenidate extended-release tablet (Relexxii)</b></li> <li>• <b>methylphenidate extended-release patch (Daytrana)</b></li> <li>• <b>Adhansia XR (methylphenidate extended-release)</b></li> <li>• <b>Azstarys (serdexmethylphenidate- dexmethylphenidate)</b></li> <li>• <b>Cotempla XR ODT (methylphenidate extended-release)</b></li> <li>• <b>Jornay PM (methylphenidate extended-release)</b></li> <li>• <b>Quillichew ER (methylphenidate extended-release)</b></li> <li>• <b>Quillivant XR (methylphenidate extended-release)</b></li> </ul>	<p><b>(Ritalin LA)</b></p>
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**Coverage Duration:** one year

**References:**

1. Adzenys ER [package insert]. Grand Prairie, TX: Neos Therapeutics LP.; January 2022.
2. Adzenys XR-ODT [package insert]. Grand Prairie, TX: Neos Therapeutics LP; February 2022.
3. Aptensio XR [package insert]. Coventry, RI: Rhodes Pharmaceuticals L.P.; June 2021.
4. Azstarys [package insert]. Grand Rapids, MI: Corium, Inc; March 2021.
5. Cotempla XR-ODT [package insert]. Grand Prairie, TX: Neos Therapeutics LP; June 2021.
6. Daytrana [package insert]. Miami, FL: Noven Therapeutics, LLC.; June 2021.
7. Dexedrine Spansule® [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; February 2022.
8. Dyanavel XR [package insert]. Monmouth Junction ,NJ: Tris Pharma, Inc.; June 2022.
9. Focalin XR [package insert]. East Hanover, NJ: Novartis Pharmaceuticals; June 2021.
10. Metadate CD [package insert]. Smyrna, GA: UCB, Inc.; April 2022.
11. Mydayis [package insert]. Lexington, MA: Shire US Inc.; February 2022.
12. Quillichew ER [package insert]. New York, NY: Pfizer Inc.; June 2021.
13. Quillivant XR [package insert]. New York, NY: Pfizer Inc.; June 2021.
14. Relexxii [package insert]. Bridgewater, NJ: Vertical Pharmaceuticals, LLC; June 2022.

15. Xelstrym [package insert]. Noven Pharmaceutical LLC, Miami, FL; August 2022.

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