

EXTENDED RELEASE STIMULANT AGENTS

dexmethylphenidate extended-release (Focalin XR),
 dextroamphetamine extended-release (Dexedrine Spansule)
 methylphenidate controlled-delivery (Metadate CD),
 methylphenidate extended-release (Metadate ER),
 Adzenys XR ODT (dextroamphetamine/ amphetamine extended-release),
 Aptensio XR (methylphenidate extended-release),
 Cotempla XR ODT (methylphenidate extended-release)
 Daytrana (methylphenidate extended-release, transdermal),
 Dyanavel XR (dextroamphetamine/ amphetamine extended-release)
 Methylphenidate extended-release 72 mg
 Mydayis (dextroamphetamine/ amphetamine extended-release),
 Quillichew ER (methylphenidate extended-release),
 Quillivant XR (methylphenidate extended-release),
 RELEXXII (methylphenidate extended-release)

Diagnoses Considered for Coverage:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Narcolepsy
- Binge Eating Disorder (BED) – *Vyvanse only*

Coverage Criteria:

FOR COMMERCIAL PLUS PLAN MEMBERS

1. For Adzenys XR ODT, Dyanavel XR, and Mydayis:

- For diagnosis listed above, **and**
- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerable side effect, or contraindication to amphetamine/ dextroamphetamine extended-release (generic Adderall XR), **and**
- ***For patient 18 years of age or older:*** Being used for attention deficit hyperactivity disorder (ADHD) confirmed after 18 years old confirmed by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for compendia or guideline supported diagnosis with psychiatric conditions- diagnosed after age 18 years old by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for narcolepsy confirmed by a positive sleep study (polysomnography), OR Being used for binge eating disorder confirmed by a Psychiatrist, Psychologist, or Behavior Therapist - Vyvanse only.

2. For dextroamphetamine extended-release (Dexedrine Spansule):

- For diagnosis listed above, **and**
- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerable side effect, or contraindication to one preferred extended-release alternative including: amphetamine/ dextroamphetamine (generic Adderall XR), methylphenidate extended-release (generic Ritalin LA), and methylphenidate extended-release (generic Concerta), **and**
- ***For patient 18 years of age or older:*** Being used for attention deficit hyperactivity disorder (ADHD) confirmed after 18 years old confirmed by a Mental Health

Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for compendia or guideline supported diagnosis with psychiatric conditions- diagnosed after age 18 years old by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for narcolepsy confirmed by a positive sleep study (polysomnography), OR Being used for binge eating disorder confirmed by a Psychiatrist, Psychologist, or Behavior Therapist - Vyvanse only.

3. For dexamethylphenidate extended-release (Focalin XR), methylphenidate controlled-delivery (Metadate CD), methylphenidate extended-release (Metadate ER), Aptensio XR, Cotempla XR ODT, Daytrana, Quillichew ER, and Quillivant XR:

- For diagnosis listed above, **and**
- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerable side effect, or contraindication to one preferred extended-release methylphenidate alternative including: methylphenidate extended-release (generic Ritalin LA) and methylphenidate extended-release (generic Concerta), **and**
- **For patient 18 years of age or older:** Being used for attention deficit hyperactivity disorder (ADHD) confirmed after 18 years old confirmed by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for compendia or guideline supported diagnosis with psychiatric conditions- diagnosed after age 18 years old by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for narcolepsy confirmed by a positive sleep study (polysomnography), OR Being used for binge eating disorder confirmed by a Psychiatrist, Psychologist, or Behavior Therapist - Vyvanse only.

FOR COMMERCIAL STANDARD PLAN MEMBERS

4. For Adzenys XR ODT, Dyanavel XR, and Mydayis:

- For diagnosis listed above, **and**
- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerable side effect, or contraindication to dextroamphetamine/ amphetamine extended-release (generic Adderall XR), **and**
- **For patient 18 years of age or older:** Being used for attention deficit hyperactivity disorder (ADHD) confirmed after 18 years old confirmed by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for compendia or guideline supported diagnosis with psychiatric conditions- diagnosed after age 18 years old by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for narcolepsy confirmed by a positive sleep study (polysomnography), OR Being used for binge eating disorder confirmed by a Psychiatrist, Psychologist, or Behavior Therapist - Vyvanse only.

5. For dextroamphetamine extended-release (Dexedrine Spansule):

- For diagnosis listed above, **and**
- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerable side effect, or contraindication to one preferred extended-release alternative including: amphetamine/ dexamphetamine (generic Adderall XR), methylphenidate extended-release (generic Ritalin LA),

- methylphenidate extended-release (generic Concerta), and Vyvanse, **and**
- **For patient 18 years of age or older:** Being used for attention deficit hyperactivity disorder (ADHD) confirmed after 18 years old confirmed by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for compendia or guideline supported diagnosis with psychiatric conditions- diagnosed after age 18 years old by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for narcolepsy confirmed by a positive sleep study (polysomnography), OR Being used for binge eating disorder confirmed by a Psychiatrist, Psychologist, or Behavior Therapist - Vyvanse only.

6. For Aptensio XR, Cotelma XR ODT, Daytrana, Quillichew ER, and Quillivant XR:

- For diagnosis listed above, **and**
- Dose does not exceed FDA label maximum, **and**
- Inadequate response, intolerable side effect, or contraindication to one preferred extended-release methylphenidate alternative including: methylphenidate extended-release (generic Ritalin LA) and methylphenidate extended-release (generic Concerta), **and**
- **For patient 18 years of age or older:** Being used for attention deficit hyperactivity disorder (ADHD) confirmed after 18 years old confirmed by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for compendia or guideline supported diagnosis with psychiatric conditions- diagnosed after age 18 years old by a Mental Health Specialist (e.g. Psychiatrist, Psychologist, Behavior Therapist, Neurologist, or Nurse Practitioner mental health specialty), OR Being used for narcolepsy confirmed by a positive sleep study (polysomnography), OR Being used for binge eating disorder confirmed by a Psychiatrist, Psychologist, or Behavior Therapist - Vyvanse only.

FOR BRAND NAME DRUG WHEN GENERIC AVAILABLE

7. Dexedrine Spansule, Focalin XR, Metadate CD, or Metadate ER:

- For diagnosis listed above, **and**
- Meets coverage criteria for generic formulation, **and**
- Allergic or intolerable side effect to the generic formulation.

Coverage Duration: Length of benefit

Effective: 1/01/2019GF