

EXTENDED RELEASE STIMULANT AGENTS

amphetamine extended-release 1.25 mg/ml oral suspension (ADZENYS XR),
 dexmethylphenidate extended-release (FOCALIN XR),
 dextroamphetamine extended-release (DEXEDRINE SPANSULE),
 methylphenidate controlled-delivery (METADATE CD),
 methylphenidate extended-release (METADATE ER),
 methylphenidate extended-release, oral (Aptensio XR)
 ADZENYS XR ODT (dextroamphetamine/ amphetamine extended-release),
 ADJANSIA XR (methylphenidate extended-release),
 APTENSIO XR (methylphenidate extended-release),
 AZSTARYS (serdexmethylphenidate-dexmethylphenidate, oral),
 COTEMPLA XR ODT (methylphenidate extended-release)
 DAYTRANA (methylphenidate extended-release, transdermal),
 DYNAVEL XR (dextroamphetamine/ amphetamine extended-release)
 JORNAY (methylphenidate extended-release)
 Methylphenidate extended-release 72 mg
 Mydayis (dextroamphetamine/ amphetamine extended-release),
 QUILLICHEW ER (methylphenidate extended-release),
 QUILLIVANT XR (methylphenidate extended-release),
 RELEXII (methylphenidate extended-release)

Diagnoses Considered for Coverage:

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

Coverage Criteria:

For diagnoses above:

- Dose does not exceed FDA label maximum, **and**
- For patient at least 18 years old:
 - 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.

AND

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

Drug	Coverage Criteria
<ul style="list-style-type: none"> Mydayis Dyanavel XR 	<ul style="list-style-type: none"> Inadequate response or intolerable side effect to dextroamphetamine/ amphetamine extended-release (Adderall XR).
<ul style="list-style-type: none"> dextroamphetamine extended-release (Dexedrine Spansule) Adzenys XR ODT (amphetamine extended-release) amphetamine extended-release 1.25 mg/ml oral suspension (Adzenys XR) 	<ul style="list-style-type: none"> Inadequate response, intolerable side effect, or contraindication to ONE extended-release stimulant agent including: <ul style="list-style-type: none"> methylphenidate extended-release (Concerta) methylphenidate extended-release (Ritalin LA) dextroamphetamine/ amphetamine extended-release (Adderall XR) Vyvanse – <i>Standard plan only</i>
<ul style="list-style-type: none"> dexmethylphenidate extended-release (Focalin XR) methylphenidate controlled-delivery (Metadate CD) methylphenidate extended-release (Metadate ER) 	<ul style="list-style-type: none"> Inadequate response, intolerable side effect, or contraindication to ONE extended-release methylphenidate agent including: <ul style="list-style-type: none"> methylphenidate extended-release (Concerta) methylphenidate extended-release (Ritalin LA)
<ul style="list-style-type: none"> Adhansia XR (methylphenidate extended-release, oral) Aptensio XR (methylphenidate extended-release, oral) Azstarys (serdexmethylphenidate-dexmethylphenidate, oral) methylphenidate extended-release, oral (Aptensio XR) Cotempla XR ODT (methylphenidate extended-release) Daytrana (methylphenidate extended-release, 	<ul style="list-style-type: none"> Inadequate response, intolerable side effect, or contraindication to ONE extended-release methylphenidate agent including: <ul style="list-style-type: none"> methylphenidate extended-release (Concerta), methylphenidate extended-release (Ritalin LA) dexmethylphenidate extended-release (Focalin XR) methylphenidate controlled-delivery (Metadate CD) methylphenidate extended-release (Metadate ER)

<ul style="list-style-type: none"> transdermal) • Jornay (methylphenidate extended-release) • Quillichew ER (methylphenidate extended-release) • Quillivant XR (methylphenidate extended-release) 	
<ul style="list-style-type: none"> • Methylphenidate ER 72 mg tablet • Relexxii 	<ul style="list-style-type: none"> • Medical rationale why patient is unable to take two 36 mg extended-release methylphenidate (Concerta) tablets.

For brand-name Adderall XR, Concerta, Dexedrine Spansule, Focalin XR, Metadate ER, Metadate CD, Ritalin LA, Strattera:

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

Coverage Duration: Length of benefit

Effective: 9/01/2021GF