**GEORGIA MEDICAID FEE-FOR-SERVICE**  
**ANTIHYPERKINESIS AGENTS PA SUMMARY**

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine/dextroamphetamine IR generic</td>
<td>Adderall XR (amphetamine/dextroamphetamine ER)</td>
</tr>
<tr>
<td>Armodafinil generic</td>
<td>Adzenys XR (amphetamine ER dispersible tab)</td>
</tr>
<tr>
<td>Atomoxetine generic by Prasco (NDCs 66993-####-##)</td>
<td>Amphetamine/dextroamphetamine ER (generic Adderall XR)</td>
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<tr>
<td>Concerta (methylphenidate ER/SA)</td>
<td>Aptensio XR (methylphenidate ER)</td>
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<tr>
<td>Dextroamphetamine IR tablets generic</td>
<td>Atomoxetine generic EXCEPT by Prasco</td>
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<tr>
<td>Focalin (dextroamphetamine)</td>
<td>Clonidine ER generic</td>
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<tr>
<td>Focalin XR (dextroamphetamine ER)</td>
<td>Cotempla XR (methylphenidate ER disintegrating tablet)</td>
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<tr>
<td>Guanfacine extended-release generic</td>
<td>Daytrana (methylphenidate TD patch)</td>
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<tr>
<td>Kapvay (clonidine ER)</td>
<td>Desoxyn (methamphetamine)</td>
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<tr>
<td>Methylin oral solution (methylphenidate)</td>
<td>Dexamethasone generic</td>
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<td>Methylphenidate chew tabs generic</td>
<td>Dexamethasone ER generic</td>
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<tr>
<td>Methylphenidate CD/CR/ER (generic Metadate CD)</td>
<td>Dextroamphetamine ER capsules generic</td>
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<tr>
<td>Methylphenidate ER/SA (generic Concerta)</td>
<td>Dextroamphetamine oral solution generic</td>
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<td>Methylphenidate IR generic</td>
<td>Dyanavel XR (amphetamine ER oral suspension)</td>
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<td>Modafinil generic</td>
<td>Evekeo (amphetamine)</td>
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<td>Quillichew ER (methylphenidate ER chew tabs)</td>
<td>Methamphetamine generic</td>
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<td>Quillivant XR (methylphenidate ER oral suspension)</td>
<td>Methylphenidate ER/LA/SR (generic Ritalin LA, Ritalin SR)</td>
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<td>Vyvanse (lisdexamfetamine)</td>
<td>Methylphenidate oral solution generic</td>
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<tr>
<td>Zenzedi 5 mg, 10 mg IR tablets (dextroamphetamine)</td>
<td>Mydayis (amphetamine/dextroamphetamine ER)</td>
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<td></td>
<td>Procentra (dextroamphetamine oral solution)</td>
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<td></td>
<td>Ritalin LA (methylphenidate ER) 10 mg</td>
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<tr>
<td></td>
<td>Zenzedi 2.5, 7.5, 15, 20, 30 mg IR tablets (dextroamphetamine)</td>
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</tbody>
</table>


**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**
- Preferred agents require PA for members 21 years of age and older. Non-preferred agents require PA for members of all ages.
- If generic amphetamine salt combo extended-release, generic clonidine extended-release, generic methamphetamine, generic methylphenidate oral solution, or generic dextroamphetamine oral solution are approved, the PA will be issued for brand Adderall XR, brand Kapvay, brand Desoxyn, brand Methylin oral solution or brand Procentra, respectively.
- If generic methylphenidate ER/SA (generic Concerta) is approved, the PA will be issued for the Actavis/Watson generic.

**PA CRITERIA:**

*Preferred Agents Except Methylphenidate ER/SA by Actavis/Watson (generic Concerta) and Vyvanse for members 21 years of age and older*
- Approvable for members with narcolepsy, shift work sleep disorder and sleep apnea/hypopnea syndrome.

Revised 1/19/2018
- Approvable for members with attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

**Methylphenidate ER/SA Generic Except by Actavis/Watson (Generic Concerta)**
- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic methylphenidate ER/SA by Actavis/Watson (generic Concerta, NDCs 00591-####-##), is not appropriate for the member.

**Vyvanse**
- Approvable for members 21 years of age and older with narcolepsy, ADD or ADHD.
- Approvable for members 18 years of age and older with moderate to severe binge-eating disorder (BED) and the medication is being prescribed by or in consultation with a psychiatrist
- Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to a selective serotonin reuptake inhibitor (SSRI) and topiramate or zonisamide
- Member must be undergoing or have undergone psychotherapy and behavioral therapy for BED unless the member does not have access to or declines this type of therapy.

**Adderall XR, Amphetamine Salt Combo ER Generic, Aptensio XR, Adzenys XR and Dynavel XR**
- Approvable for members 6 years of age and older with ADD or ADHD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, Methyl lin oral solution, methylphenidate chew/IR/CD/CR/ER/SA, Quillichew ER, Quillivant XR 3. Focalin, Focalin XR 4. Dextroamphetamine

**Atomoxetine Generic Except by Prasco**
- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic atomoxetine by Prasco (NDCs 66993-####-##), is not appropriate for the member.

**Clonidine ER Generic**
- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Kapvay, is not appropriate for the member.

**Cotempla XR**
- Approvable for members 6 to 17 years of age with ADD or ADHD that are not able to swallow solid oral dosage formulations and have experienced ineffectiveness with Quillivant XR.

**Daytrana**
- Approvable for members 6 to 17 years of age with ADD or ADHD that are not able to swallow solid oral dosage formulations
- Member must have tried and failed at least 1 agent in either of the following groups: 1. Concerta, Methyl lin oral solution, methylphenidate chew/IR/CD/CR/ER/SA, Quillichew ER, Quillivant XR 2. Focalin, Focalin XR AND at least 1 agent in either of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Dextroamphetamine.

Revised 1/19/2018
Desoxyn and Methamphetamine Generic

- Approvable for members with narcolepsy, ADD, ADHD or minimal brain dysfunction who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, Methylin oral solution, methylphenidate chew/IR/CD/CR/ER/SA, Quillichew ER, Quillivant XR 3. Focalin, Focalin XR 4. Dextroamphetamine.

Dexmethylphenidate Generic and Dexmethylphenidate ER Generic

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Focalin or Focalin XR, is not appropriate for the member.

Dextroamphetamine ER Capsules Generic and Evekeo

- Approvable for members 6 years of age and older with narcolepsy who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, Methylin oral solution, methylphenidate chew/IR/CD/CR/ER/SA, Quillichew ER, Quillivant XR 3. Focalin, Focalin XR 4. Dextroamphetamine.
- Approvable for members 3 years of age and older with ADD or ADHD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, methylphenidate HCL, Metadate CD, Methylin, Methylin ER, Metadate ER, methylphenidate ER 3. Focalin, Focalin XR 4. Dextroamphetamine.

Dextroamphetamine Oral Solution Generic and Procentra

- Approvable for members 3 years of age and older with ADD or ADHD who are unable to swallow solid oral dosage formulations.
- Approvable for members 6 years of age and older with narcolepsy who are unable to swallow solid oral dosage formulations.

Methylphenidate ER/LA/SR (generic Ritalin LA, Ritalin SR) and Ritalin LA 10 mg

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic methylphenidate CD/CR/ER (generic Metadate CD), is not appropriate for the member.

Methylphenidate Oral Solution Generic

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Methylin Oral Solution, is not appropriate for the member.

Mydayis

- Approvable for members 13 years of age and older with ADD or ADHD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to at least 1 medication in 2 of the following groups: 1. Amphetamine salt combinations, Vyvanse 2. Concerta, Methylin oral solution, methylphenidate chew/IR/CD/CR/ER/SA, Quillichew ER, Quillivant XR 3. Focalin, Focalin XR 4. Dextroamphetamine.

Zenzedi 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic dextroamphetamine sulfate and Zenzedi 5 mg and 10 mg, are not appropriate for the member.
QLL CRITERIA:

Vyvanse

- An authorization to exceed the QLL may be granted if the member has not achieved an adequate response with FDA-approved maximum dosing (70mg/day) and the member will be monitored for effectiveness and adverse events with the higher dosage.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.