



**ANTIHYPERKINESIS AGENTS PA SUMMARY**

<b>PREFERRED</b>	Amphetamine-Dextroamphetamine, Amphetamine Salt combo, Dextroamphetamine Sulfate (tablets, capsules), Focalin/XR, Intuniv, Metadate CD/ER, Methylin Chew Tabs, Methylin/ER, Methylphenidate IR, SA/SR/ER (excluding generic Ritalin LA and generic Metadate CD), Methylphenidate SA (generic Concerta; Actavis/Watson is the preferred generic), Vyvanse, Zenzedi (5mg, 10mg tablets)
<b>NON-PREFERRED</b>	Branded versions of generic equivalents, Adderall XR, Amphetamine Salt Combo extended-release, Clonidine extended-release, Daytrana, Desoxyn, Dexedrine caps/tabs, Dexmethylphenidate/ER, Dextroamphetamine sulfate oral solution (generic), Kapvay/Kapvay Therapy Pack, Methamphetamine, Methylphenidate oral solution, Methylin oral solution, Methylphenidate CD extended-release (generic Metadate CD), Methylphenidate extended-release (generic Ritalin LA), Modafinil, Nuvigil, Procentra, Provigil, Quillivant XR, Strattera, Ritalin LA, Zenzedi (2.5mg, 7.5mg, 15mg, 20mg, 30mg tablets)

**LENGTH OF AUTHORIZATION: 1 YEAR**

**NOTE:** *All preferred and non-preferred agents will be subject to the DCH clinical PA criteria review for members 21 years of age and older. Non-preferred agents that require prior authorization for members of all ages.*

**NOTE:** *If a PA is approved for generic Amphetamine Salt Combo ER, generic Clonidine ER, generic Methamphetamine, generic Methylphenidate ER (generic Ritalin LA), generic Modafinil, brand Methylin oral solution, or brand Procentra, the approval will be for the products, brand Adderall XR, brand Kapvay, brand Desoxyn, brand Ritalin LA, brand Provigil, generic Methylphenidate oral solution, or generic Dextroamphetamine oral solution, respectively.*

**NOTE:** **If a PA is approved for generic Methylphenidate SA (generic Concerta), the approval will be for the Actavis/Watson generic ONLY. Any other manufacturer generic product for Concerta will NOT process at the pharmacy without an additional PA entered into the system.**

**PA CRITERIA:**

*For preferred agents for members 21 years of age and older*

- ❖ Approvable diagnoses are as follows:
  - Narcolepsy
  - Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)

*For Desoxyn (brand or generic Methamphetamine), Adderall XR (brand or generic), and Ritalin LA (brand or generic)*

- ❖ Member must have initiated therapy with at least 1 agent in at least 2 of the following groups in the past 12 months: 1. amphetamine salt combinations, Vyvanse 2. Concerta, methylphenidate HCL, Metadate CD, Methylin, Methylin



ER, Metadate ER, methylphenidate ER 3. Focalin, Focalin XR 4.  
Dextroamphetamine.

*OR*

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to at least 1 medication in at least 2 of the groups listed above.

*For Kapvay (brand or generic Clonidine ER), and Kapvay Therapy Pack*

- ❖ Requests are approvable for members aged 6 to 17 years old. Members must have a diagnosis of ADD or ADHD and a personal or family history of substance abuse. Alternatively, patients must meet Desoxyn criteria above.

*For Provigil (brand or generic Modafinil) and Nuvigil*

- ❖ Diagnosis of narcolepsy, shift work sleep disorder, and obstructive sleep apnea/hypo-apnea syndrome (with CPAP machine use) are approvable indications. Patients with narcolepsy must be on CPAP treatment. Otherwise, patient must meet Desoxyn criteria listed above. Provigil is approvable under the above conditions for members 16 years of age or older. Nuvigil is approvable under the above conditions for members 17 years of age or older.

*For Strattera*

- ❖ Strattera requests are approvable for diagnoses of ADD or ADHD for members with a personal or family history of substance abuse. Alternatively, patients must meet Desoxyn criteria above.

*For Daytrana*

- ❖ Member must be aged 6-17 years with a diagnosis of ADD or ADHD

*AND*

- ❖ Member must be unable to swallow oral dosage forms of medication

*OR*

- ❖ Member must have tried and failed at least 1 agent in drug group 2 or 3 and 1 agent in group 1 or 4 in the Desoxyn criteria above.

*For Procentra (brand or generic Dextroamphetamine oral solution)*

- ❖ Member must have a diagnosis of ADD or ADHD and be unable to swallow solid oral dosage forms of medication (ex. tablets, capsules).

*For Generic Methylphenidate SA (generic Concerta) manufactured by any labeler other than by Actavis/Watson then additional approval must be obtained:*

- ❖ Physician must submit a written letter of medical necessity stating the reasons the preferred product, generic methylphenidate SA manufactured by Actavis/Watson [see table below for NDC numbers], is not appropriate for the member.



18 mg	100-count bottle	NDC 0591-2715-01
27 mg	100-count bottle	NDC 0591-2716-01
36 mg	100-count bottle	NDC 0591-2717-01
54 mg	100-count bottle	NDC 0591-2718-01

*For Methylin oral solution (brand), Methylphenidate oral solution (generic)*

- ❖ Member must have a diagnosis of ADD or ADHD or narcolepsy and be unable to swallow solid oral dosage forms (ex. tablets, capsules). If brand-name Methylin oral solution is prescribed, provider must submit a written letter of medical necessity stating the reason(s) that the generic product (methylphenidate SA or generic methylphenidate oral solution) is not appropriate for the member.

*For Quillivant XR*

- ❖ Member must have a diagnosis of ADD or ADHD and be unable to swallow solid oral dosage forms of medication (ex. tablets, capsules) or sprinkle the preferred products, Focalin XR or Metadate CD, on applesauce and swallow intact.

*For Generic Dexmethylphenidate or Dexmethylphenidate ER*

- ❖ Submit a written letter of medical necessity stating the reason(s) that the brand name product (Focalin or Focalin XR) is not appropriate for the member.

*For Generic Methylphenidate CD extended-release*

- ❖ Submit a written letter of medical necessity stating the reason(s) that the brand name product (Metadate CD) is not appropriate for the member.

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

- ❖ Submit a written letter of medical necessity stating the reason(s) that the preferred product, either generic dextroamphetamine sulfate or brand-name Zenzedi 5mg or 10mg, is not appropriate for the member.

**QLL CRITERIA:**

*For 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) if 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 **Catamaran at 1-866-525-5827**.



**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

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