



**GEORGIA MEDICAID FEE-FOR-SERVICE  
STIMULANTS AND RELATED AGENTS PA SUMMARY**

Preferred	Non-Preferred
Adderall XR (amphetamine/dextroamphetamine ER) Amphetamine/dextroamphetamine IR generic Armodafinil generic Atomoxetine generic Clonidine ER generic Concerta (methylphenidate ER) Dexmethylphenidate IR generic Dexmethylphenidate ER generic Dextroamphetamine IR tablets generic Guanfacine ER generic Methylphenidate CD/ER generic (generic Metadate CD, Metadate ER) Methylphenidate IR generic Methylphenidate oral solution generic Modafinil generic Zenzedi 5 mg, 10 mg tablets (dextroamphetamine)	Adhansia XR (methylphenidate ER capsules) Adzenys XR (amphetamine ER disintegrating tablet)  Aptensio XR (methylphenidate ER) Azstarys (serdexmethylphenidate and dexmethylphenidate) Cotempla XR (methylphenidate ER disintegrating tablet) Daytrana (methylphenidate TD patch) Desoxyn (methamphetamine) Dextroamphetamine ER capsules generic Dextroamphetamine oral solution generic Dyanavel XR (amphetamine ER oral suspension and chewable tablets) Evekeo (amphetamine tablets) Evekeo ODT (amphetamine disintegrating tablets) Jornay PM- (methylphenidate ER) Methamphetamine generic Methylphenidate chewable tablets and oral solution generic Methylphenidate ER/LA generic (generic Concerta, Relexxii, Ritalin LA, Ritalin SR) Mydayis (amphetamine/dextroamphetamine ER) Qelbree (viloxazine) Quillichew ER (methylphenidate ER chew tabs) Quillivant XR (methylphenidate ER oral suspension) Ritalin LA 10 mg (methylphenidate ER) Sunosi (solriamfetol) Vyvanse (lisdexamfetamine) Wakix (pitolisant) Xelstrym (dextroamphetamine TD patch) Zenzedi 2.5, 7.5, 15, 20, 30 mg tablets (dextroamphetamine)

IR=immediate-release, ER/XR=extended-release, CD=controlled-release, LA=long-acting, TD=transdermal

**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 methamphetamine is approved, the PA will be issued for brand Desoxyn.

**PA CRITERIA:**

Preferred Agents for members 21 years of age and older

- ❖ Approvable for members with a diagnosis of narcolepsy, shift work sleep disorder or sleep apnea/hypopnea syndrome.



- ❖ Approvable for members with a diagnosis of attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD).

Adhansia XR, Azstarys, Jornay PM, Methylphenidate ER/LA Generic (generic Concerta, Relexxii, Ritalin LA, Ritalin SR) and Ritalin LA 10 mg

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, brand Concerta, generic dexamethylphenidate ER and generic methylphenidate CD/ER (generic Metadate CD, generic Metadate ER), are not appropriate for the member.

Adzenys XR, Aptensio XR and Dyanavel XR

- ❖ Approvable for members 6 years of age and older with a diagnosis of ADD or ADHD who are unable to swallow solid oral dosage formulations (i.e., tablets, capsules) and have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to methylphenidate oral solution (Methylin).
- ❖ Approvable for members 6 years of age and older with a diagnosis of ADD or ADHD who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), Focalin XR (dexamethylphenidate ER)
  - D. Dextroamphetamine (Zenedi)
- ❖ In addition for Adzenys XR, prescriber must submit a letter of medical necessity stating the reasons Dyanavel XR is not appropriate for the member.

Cotempla XR

- ❖ Approvable for members 6 to 17 years of age with a diagnosis of ADD or ADHD who are unable to swallow solid oral dosage formulations and have experienced inadequate response with methylphenidate oral solution (Methylin).

Daytrana

- ❖ Approvable for members 6 to 17 years of age with a diagnosis of ADD or ADHD who are unable to swallow solid oral dosage formulations and have experienced an inadequate response with at least one medication in either group B or C and one medication in either group A or D:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
  - D. Dextroamphetamine (Zenedi)

Desoxyn and Methamphetamine Generic

- ❖ Approvable for members 6 years of age or older with a diagnosis of narcolepsy, ADD, ADHD or minimal brain dysfunction who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)



- B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
- C. dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
- D. Dextroamphetamine (Zenzedi)
- ❖ In addition for generic methamphetamine, prescriber must submit a letter of medical necessity stating the reasons brand Desoxyn is not appropriate for the member.

Dextroamphetamine ER Capsules Generic and Evekeo

- ❖ Approvable for members 6 years of age and older with a diagnosis of narcolepsy who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
  - D. Dextroamphetamine (Zenzedi)
- ❖ Approvable for members 3 years of age and older with a diagnosis of ADD or ADHD who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
  - D. Dextroamphetamine (Zenzedi)
- ❖ In addition for Evekeo for members 6 to 17 years of age, prescriber must submit a written letter of medical necessity stating the reasons Dyanavel XR and Evekeo ODT are not appropriate for the member.
- ❖ In addition for Evekeo for members 18 years of age or older, prescriber must submit a written letter of medical necessity stating the reasons Dyanavel XR is not appropriate for the member.

Dextroamphetamine Oral Solution Generic

- ❖ Approvable for members 3 years of age and older with a diagnosis of ADD or ADHD who are unable to swallow solid oral dosage formulations and who have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to methylphenidate oral solution (Methylin).
- ❖ Approvable for members 6 years of age and older with a diagnosis of narcolepsy who are unable to swallow solid oral dosage formulations and who have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to methylphenidate oral solution (Methylin).

Evekeo ODT

- ❖ Approvable for members 6 to 17 years of age with a diagnosis of ADD or ADHD who are unable to swallow solid oral dosage forms of medication and have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to methylphenidate oral solution (Methylin); otherwise, member must have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:



- A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
- B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
- C. dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
- D. Dextroamphetamine (Zenzedi)

Methylphenidate IR Chewable Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic methylphenidate oral solution, is not appropriate for the member.

Mydayis

- ❖ Approvable for members 13 years of age and older with a diagnosis of ADD or ADHD who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
  - D. Dextroamphetamine (Zenzedi)

Qelbree

- ❖ Approvable for members 6 years of age and older with a diagnosis of ADD or ADHD who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to atomoxetine as well as to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
  - D. Dextroamphetamine (Zenzedi)

Quillichew ER and Quillivant XR

- ❖ Approvable for members 6 years of age and older with a diagnosis of ADD or ADHD that are not able to swallow solid oral dosage formulations and have experienced an inadequate response with methylphenidate oral solution (Methylin).

Sunosi

- ❖ Approvable for members 18 years of age and older with a diagnosis of excessive daytime sleepiness associate with narcolepsy who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to modafinil or armodafinil and to a stimulant (i.e., amphetamine, amphetamine/dextroamphetamine, dextroamphetamine, methylphenidate).
- ❖ Approvable for members 18 years of age and older with a diagnosis of excessive daytime sleepiness associate with obstructive sleep apnea (OSA) whose underlying airway obstruction has been treated (e.g., with continuous positive airway pressure [CPAP]) for at least one month and these modalities to treat the underlying airway obstruction will be continued during treatment with Sunosi, and who have experienced inadequate response,



allergy, contraindication, drug-drug interaction or intolerable side effect to modafinil or armodafinil.

### Vyvanse

- ❖ Approvable for members 6 years of age and older with a diagnosis of narcolepsy, ADD or ADHD who have experienced inadequate response allergies, contraindications, drug-drug interactions or intolerable side effects to at least 1 medication in 2 of the following groups:
  - A. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
  - B. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - C. dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
  - D. Dextroamphetamine (Zenzedi).
- ❖ Approvable for members 18 years of age and older with moderate to severe binge-eating disorder (BED) when the medication is prescribed by or in consultation with a psychiatrist and member has experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to a selective serotonin reuptake inhibitor (SSRI) and topiramate or zonisamide

### *AND*

- ❖ 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.

### Wakix

- ❖ Approvable for members 18 years of age and older with a diagnosis of excessive daytime sleepiness associate with narcolepsy who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to modafinil or armodafinil, to a stimulant (i.e., amphetamine, amphetamine/dextroamphetamine, dextroamphetamine, methylphenidate) and to Sunosi.
- ❖ Approvable for members 18 years of age and older with a diagnosis of cataplexy associated with narcolepsy who have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least 3 medications used in the treatment of cataplexy associated with narcolepsy (e.g., atomoxetine, fluoxetine, venlafaxine, tricyclic antidepressants [i.e., protriptyline, clomipramine], Xyrem), one of which much be Xyrem.

### Xelstrym

- A. Member has a diagnosis of attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD); **AND**
  - I. Member is 6 to 17 years of age or older; **AND**
  - II. Member is unable to swallow or absorb oral dosage forms of medication (i.e., tablets, capsules and liquids) **AND** member has tried and failed therapy, allergy, contraindication, drug-drug interaction or intolerable side effect with Daytrana (methylphenidate); **OR**
  - III. Member has tried and failed therapy with at least one medication in either group b or c and one medication in either group a or d:
    - a. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
    - b. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
    - c. Dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
    - d. Dextroamphetamine (Zenzedi); **OR**



- IV. Member is 18 year of age or older **AND**
- V. Member is unable to swallow or absorb oral dosage forms of medication (ex. tablets, capsules, liquids); **OR**
- VI. Member has tried and failed therapy with at least one medication in either group b or c and one medication in either group a or d:
  - a. Amphetamine/dextroamphetamine combinations (Adderall, Adderall XR)
  - b. Concerta (methylphenidate ER/SA), methylphenidate IR/CD/CR/ER/oral solution (Metadate, Methylin, Ritalin)
  - c. Dexamethylphenidate (Focalin), dexamethylphenidate ER (Focalin XR)
  - d. Dextroamphetamine (Zenzedi)

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 brand 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 (70 mg/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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.