



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

Preferred	Non-Preferred
Amphetamine/dextroamphetamine IR generic Armodafinil generic Atomoxetine generic Concerta (methylphenidate ER/SA) Dextroamphetamine IR tablets generic Focalin (dexmethylphenidate) Focalin XR (dexmethylphenidate ER) Guanfacine ER generic Kapvay (clonidine ER) Methylin oral solution (methylphenidate) Methylphenidate chew tabs generic Methylphenidate CD/CR/ER (generic Metadate CD) Methylphenidate ER 10 mg (generic Metadate ER) Methylphenidate ER/SA (generic Concerta) Methylphenidate IR generic Modafinil generic Quillichew ER (methylphenidate ER chew tabs) Quillivant XR (methylphenidate ER oral suspension) Vyvanse (lisdexamfetamine) Zenedi 5 mg, 10 mg IR tablets (dextroamphetamine)	Adderall XR (amphetamine/dextroamphetamine ER) Adzenys ER (amphetamine ER oral suspension) Adzenys XR (amphetamine ER dispersible tab) Amphetamine/dextroamphetamine ER (generic Adderall XR) Aptensio XR (methylphenidate ER) Clonidine ER generic Cotempla XR (methylphenidate ER disintegrating tablet) Daytrana (methylphenidate TD patch) Desoxyn (methamphetamine) Dexmethylphenidate generic Dexmethylphenidate ER generic Dextroamphetamine ER capsules generic Dextroamphetamine oral solution generic Dyanavel XR (amphetamine ER oral suspension) Evekeo (amphetamine) Methamphetamine generic Methylphenidate ER/LA/SR (generic Ritalin LA, Ritalin SR, Metadate ER 20 mg) Methylphenidate ER/SA 72 mg generic Methylphenidate oral solution generic Mydayis (amphetamine/dextroamphetamine ER) Procentra (dextroamphetamine oral solution) Ritalin LA 10 mg (methylphenidate ER) Zenedi 2.5, 7.5, 15, 20, 30 mg IR tablets (dextroamphetamine)

IR=immediate-release, ER/XR=extended-release, CD/CR=controlled-release, LA=long-acting, SA=sustained-acting, SR=sustained-release, 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 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 Not 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.



- ❖ 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

AND

- ❖ 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

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.

Adderall XR and Amphetamine Salt Combo ER Generic

- ❖ Approvable for members 6 years of age and older with ADD or ADHD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or 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.

Adzenys ER, Adzenys XR, Aptensio XR and Dyanavel XR

- ❖ Approvable for members 6 years of age and older with ADD or ADHD who are unable to swallow solid oral dosage forms of medication and have experienced ineffectiveness with Quillichew ER or Quillivant XR or have an allergy, contraindication, drug-drug interaction or intolerable side effect to methylphenidate.
- ❖ Approvable for members 6 years of age and older with ADD or ADHD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or 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.

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 Quillichew ER or 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

OR

- ❖ Member must have tried and failed at least 1 agent in either of the following groups: 1. Concerta, Methylin 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.

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 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 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 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, Metadate ER 20 mg) 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 ER/SA 72 mg Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic methylphenidate ER/SA 36 mg (generic Concerta), 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 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](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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.