



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

<b>Preferred</b>	<b>Non-Preferred</b>
Amphetamine-dextroamphetamine generic	Adderall XR (amphetamine salt combo ER)
Amphetamine salt combo generic	Adzenys XR (amphetamine ER dispersible tab)
Dextroamphetamine IR tablets generic	Amphetamine salt combo ER (generic Adderall XR)
Focalin (dexmethylphenidate)	Aptensio XR (methylphenidate ER)
Focalin XR (dexmethylphenidate ER)	Clonidine ER generic
Intuniv (guanfacine extended-release)	Daytrana (methylphenidate TD patch)
Kapvay and Kapvay Therapy Pack (clonidine ER)	Dexedrine Spansule (dextroamphetamine ER)
Metadate CD/ER (methylphenidate CD/ER)	Desoxyn (methamphetamine)
Methylin chew tabs (methylphenidate)	Dexmethylphenidate generic
Methylin oral solution (methylphenidate)	Dexmethylphenidate ER generic
Methylin/ER (methylphenidate IR/ER)	Dextroamphetamine ER capsules generic
Methylphenidate IR/LA/SA/SR/ER (including generic Concerta, excluding generic Metadate CD)	Dextroamphetamine oral solution generic
Quillichew (methylphenidate ER chew tabs)	Dynavel XR (amphetamine ER suspension)
Quillivant XR (methylphenidate ER suspension)	Evekeo (amphetamine)
Strattera (atomoxetine)	Guanfacine extended-release generic
Vyvanse (lisdexamfetamine)	Kapvay (clonidine ER)
Zenzedi 5mg, 10mg tablets (dextroamphetamine)	Kapvay Therapy Pack
	Methamphetamine generic
	Methylphenidate chew tabs generic
	Methylphenidate oral solution
	Methylphenidate CD ER (generic Metadate CD)
	Modafinil generic
	Nuvigil (armodafinil)
	Procentra (dextroamphetamine oral solution)
	Provigil (modafinil)
	Ritalin LA 10mg and 60mg (methylphenidate ER)
	Zenzedi 2.5, 7.5, 15, 20, 30mg tablets (dextroamphetamine)

**LENGTH OF AUTHORIZATION: Varies**

**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 modafinil, generic methylphenidate oral solution, generic dextroamphetamine oral solution or generic dextroamphetamine ER capsules are approved, the PA will be issued for brand Adderall XR, brand Kapvay, brand Desoxyn, brand Provigil, brand Methylin oral solution brand Procentra or brand Dexedrine Spansule, respectively.
- ❖ If generic methylphenidate SA (generic Concerta) is approved, the PA will be issued for the Actavis/Watson generic.

**PA CRITERIA:**

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



- ❖ Approvable for members with narcolepsy.
- ❖ Approvable for members with attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

*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, 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

*AND*

- ❖ Member must 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
- ❖ In addition for generic amphetamine salt combo ER, prescriber must submit a letter of medical necessity stating the reasons brand Adderall XR is not appropriate for the member.

*Dexedrine Spansule, 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, methylphenidate HCL, Metadate CD, Methylin, Methylin ER, Metadate ER, methylphenidate ER 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.
- ❖ In addition for generic dextroamphetamine ER capsules generic, prescriber must submit a written letter of medical necessity stating the reasons brand Dexedrine Spansule is not appropriate for the member.

*Desoxyn and Methamphetamine Generic*

- ❖ Approvable for members with narcolepsy, ADD, ADHD or minimal brain dysfunction



*AND*

- ❖ Member must 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.
- ❖ In addition for generic methamphetamine, prescriber must submit a written letter of medical necessity stating the reasons brand Desoxyn is not appropriate for the member.

*Guanfacine ER Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons brand Intuniv is not appropriate for the member.

*Clonidine ER Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons brand Kapvay is not appropriate for the member.

*Methylphenidate Chew Tabs Generic*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons brand Methylin Chew Tabs is not appropriate for the member.

*Modafinil Generic, Provigil and Nuvigil*

- ❖ Approvable for members 16 years of age or older for Nuvigil and 17 years of age or older for Provigil/modafinil generic with shift work sleep disorder.
- ❖ Approvable for members 16 years of age or older for Nuvigil and 17 years of age or older for Provigil/modafinil generic with obstructive sleep apnea/hypo-apnea syndrome who are on continuous positive airway pressure (CPAP) treatment.
- ❖ Approvable for members 16 years of age or older for Nuvigil and 17 years of age or older for Provigil/modafinil generic 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 2. Methylphenidate HCL, Methylin, Methylin ER, Metadate ER, methylphenidate ER 3. Dextroamphetamine.
- ❖ In addition for generic modafinil, prescriber must submit a written letter of medical necessity stating the reasons brand Provigil is not appropriate for the member.

*Daytrana*

- ❖ Approvable for members 6 to 17 years of age with ADD or ADHD that are not able to swallow oral dosage formulations

*OR*

- ❖ Member must have tried and failed at least 1 agent in either of the following groups: 1. Concerta, methylphenidate HCL, Metadate CD Methylin, Methylin ER, Metadate ER, methylphenidate ER 2. Focalin, Focalin XR AND at least 1 agent in either of the following groups: 1. Amphetamine salt combinations 2. Dextroamphetamine.

*Procentra and Dextroamphetamine Oral Solution Generic*

- ❖ Approvable for members with ADD or ADHD who are unable to swallow solid oral dosage formulations.
- ❖ In addition for generic dextroamphetamine oral solution generic, prescriber must submit a written letter of medical necessity stating the reasons brand Procentra is not appropriate for the member.



*Generic Methylphenidate SA (generic Concerta) manufactured by any labeler other than by Actavis/Watson*

- ❖ Prescriber 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

*Dexmethylphenidate Generic and Dexmethylphenidate ER Generic*

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

*Methylphenidate Oral Solution Generic*

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

*Methylphenidate CD ER Generic and Ritalin LA 10mg and 60mg*

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons brand Metadate CD is not appropriate for the member.

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

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons generic dextroamphetamine sulfate and Zenzedi 5mg, 10mg 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.