

Pharmacy Policy Bulletin

Title:	Stimulant Policy
Policy #:	Rx.01.222

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for prescription stimulants under the member's prescription benefit when the cumulative dose of an active ingredient exceeds the limit set by the plan.

Description:

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neuropsychiatric disorders of childhood and adolescences where symptoms often persist into adulthood. It is associated with significant impairment in occupational, academic, and social functioning. ADHD in adults is characterized by symptoms of inattention, impulsiveness, restlessness, executive dysfunction, and emotional dysregulation. Compared to adults with ADHD, symptoms of inattention, hyperactivity and impulsive behaviors are more prominent in children and adolescents.

Prescription stimulants are an integral part of treatment for attention deficit hyperactivity disorder (ADHD) but it is also one of the most frequently abused prescription drugs in the United States. In 2016, an estimated 5,647,000, or 2.1% of persons aged 12 and older, reported misuse of prescription stimulants in the past year. In 2017, a total of 10,333 deaths involving psychostimulants occurred, representing 14.7% of drug overdose deaths and a 37.0% increase from 2016 per the CDC.

The cumulative dose limit is based on the cumulative daily dose of drugs with the same active ingredient. Prior authorization is required when the request exceeds the recommended dose for medications with that active ingredient outlined below:

High cumulative daily dose limit - This limit is in place to ensure alternative medications have been reviewed and potential adverse effects have been accessed.

Active ingredient	Medications impacted (brands and generics)	High cumulative daily dose
Amphetamine	Adzenys® [XR ODT/ER] Dyanavel® [XR] Evekeo® [ODT]	60mg/day
Amphetamine/ Dextroamphetamine	Adderall® [IR/XR] Mydayis®	60mg/day
Dextroamphetamine	Dexedrine®	60mg/day

	Zenzedi®	
	ProCentra®	
	Xelstry™	
Lisdexamfetamine	Vyvanse®	70mg/day
Methamphetamine	Desoxyn®	60 mg/day
Dexmethylphenidate	Focalin® [IR/XR]	40mg/day
Methylphenidate	Ritalin® [IR/LA]	72mg/day
	Daytrana®	
	Cotempla®	
	Metadate® [ER/CD] Methylin®	
	Quillivant® XR	
	Concerta®	
	Aptensio® XR	
	QuilliChew® ER	
	Adhansia® XR	
	Jornay PM™	
	Methylphenidate (Relexxii®)	
Serdexmethylphenidate	Azstarys™	52.3 mg/day

Policy:

Doses above the high cumulative dose are approved when ALL of the following are met:

1. Inadequate response or inability to tolerate an alternative active ingredient within the CNS stimulant drug class prior to increasing the dose beyond the cumulative high dose limit; and
2. Member has been assessed for, and counseled by prescriber on ALL of the following:
 - a. The risk for substance abuse; and
 - b. The risk for cardiac related adverse events (i.e., hypertension); and
 - c. The risk for new or worsening psychosis (i.e., maniac behavior); and
3. Requests that exceed the cumulative daily dose for the total daily dose of the drug, dose frequency, or duration of therapy approved or recommended by the FDA or as stated in accepted compendia are considered off-label and are reviewed per Off-Label Use policy

Authorization duration: 12 months

INITIAL CRITERIA: Amphetamine (Evekeo®) is approved when ONE of the following is met:

1. Diagnosis of narcolepsy and ALL of the following:
 - a. Recommended by a neurologist or sleep specialist; and
 - b. Inadequate response or inability to tolerate generic modafinil or armodafinil; and
 - c. Diagnosis confirmed by ONE of the following tests:
 - a. Polysomnography (PSG); or
 - b. Multiple sleep latency test (MSLT); or

2. Attention Deficit Disorder with Hyperactivity (ADHD) with inadequate response or inability to tolerate TWO of the following generic stimulant agents for ADHD:
 - a. Methylphenidate
 - b. Mixed amphetamine salts
 - c. Dextroamphetamine
 - d. Methamphetamine hydrochloride
 - e. Dexmethylphenidate; or
3. Exogenous Obesity:
 - a. If member has weight loss rider please refer to Weight Loss Agents policy for approval criteria and duration; or
 - b. If member does not have a weight loss agents rider; deny as benefit exclusion*

*Drugs that are used for weight loss are covered only with weight loss rider.

Initial authorization duration: 2 years

REAUTHORIZATION CRITERIA: Amphetamine (Evekeo®) is re-approved when there is documentation of positive clinical response.

Reauthorization duration: 2 years

Quantity limit requests are approved when ONE of the following is met: (drug specific criteria below).

1. Requests that exceed the cumulative daily dose, dose frequency, or duration of therapy approved or recommended by the FDA or as stated in accepted compendia¹ are considered off-label and are reviewed per Off-Label Use policy, or
2. Requests that do not exceed the cumulative daily dose, dose frequency or duration of therapy approved or recommended by the FDA or as stated in accepted compendia¹ : A quantity limit exceeding those listed in the following table is approved when ONE of the following is met:
 - a. Documentation of the inability to reach the requested dose with higher strengths of commercially available dosage forms due to member specific characteristics (i.e., inability to swallow larger pills, malabsorption, presence of a feeding tube, etc.); or
 - b. The requested dose is not commercially available; or
 - c. The requested dose is used for titration or loading-dose purposes (one-time authorization)

¹ Please refer to the Off-Label Use policy for definition of accepted compendia

Authorization duration: 2 years

Medication	Maximum Quantity per day	Quantity limit per rolling 30 days, unless otherwise specified (tablets, capsules, mL)
Amphetamine (Adzenys XR®)	1	30
Amphetamine (Adzenys ER®) 1.25mg/ml susp	15 ml	450
Dextroamphetamine/Amphetamine (Adderall®) 5mg, 7.5mg, 10mg, 12.5mg, 15mg and 20mg	3	90
Dextroamphetamine/Amphetamine (Adderall®) 30mg	2	60
Dextroamphetamine/Amphetamine (Adderall XR®) 5mg, 10mg, 15mg, 20mg, 25mg, 30mg	1	30
Amphetamine (Dyanavel XR®) 2.5mg/ml Susp	8mL	240
Amphetamine (Dyanavel XR®) 5mg, 10mg, 15mg, 20mg tablets	1	30
Dextroamphetamine sulfate (Dexedrine®) 5mg cap SA	3	90
Dextroamphetamine sulfate (Dexedrine®) 10mg cap SA	6	180

Dextroamphetamine sulfate (Dexedrine®) 15mg cap SA	4	120
Dextroamphetamine sulfate 5mg tablet	3	90
Dextroamphetamine sulfate 10mg tablet	3	90
Dexmethylphenidate HCL (Focalin®) 2.5mg, 5mg, 10mg	2	60
Dexmethylphenidate HCL (Focalin XR®) 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	30
Dextroamphetamine sulfate (Procentra®) 5mg/5ml solution	60	1800
Dextroamphetamine (Xelstrym™) 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR	1	30
Dextroamphetamine (Zenzedi®) 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg tablet	3	90
Dextroamphetamine (Zenzedi®) 30mg tablet	2	60
Amphetamine (Evekeo®) 5mg	3	90
Amphetamine (Evekeo®) 10mg	4	120
Amphetamine (Evekeo® ODT)	3	90
Lisdexamfetamine dimesylate (Vyvanse®) 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	1	30
Methylphenidate HCL ER 24HR (Adhansia™ XR) 25mg, 35mg, 45mg, 55mg, 70mg, 85mg	1	30
Methylphenidate (Aptensio XR®)	1	30
Methylphenidate HCL (Concerta®) 18mg, 27mg, 54mg	1	30
Methylphenidate HCL (Concerta®) 36mg tablet ER	2	60
Methylphenidate HCL ER 72mg osmotic release tab	1	30
Methylphenidate (Relexxii®) tab ER osmotic release 45mg, 63mg	1	30
Methylphenidate (Daytrana patch®) 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	30
Methamphetamine HCL (Desoxyn®) 5mg tablet	5	150
Methylphenidate HCL ER capsule (Jornay™ PM) 20mg, 40mg, 60mg, 80mg, 100mg	1	30
Methylphenidate HCL (Metadate CD®) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	30
Methylphenidate HCL (Metadate ER®) 10mg, 20mg tablet SA	3	90
Methylphenidate HCL (Methylin®) 2.5mg, 10mg chewable tablet	6	180
Methylphenidate HCL (Methylin®) 5mg chewable tablet	3	90
Methylphenidate HCL (Methylin®) 10mg/5ml	30	900
Methylphenidate HCL (Methylin®) 5mg/5ml	60	1800
Methylphenidate HCL (Ritalin®) 5mg, 10mg, 20mg	3	90

Methylphenidate HCL (Ritalin LA®) 10mg, 40mg capsule	1	30
Methylphenidate HCL (Ritalin LA®) 20mg capsule	3	90
Methylphenidate HCL (Ritalin LA®) 30mg capsule	2	60
Methylphenidate (Quillichew ER®) 20mg, 30mg	2	60
Methylphenidate (Quillichew ER®) 40mg	1	30
Methylphenidate (Quillivant XR®) 5mg/mL	12mL	360
Methylphenidate ER disintegrating tabs (Cotempla®) 8.6mg, 17.3mg, 25.9mg	1	30
Serdexmethylphenidate- dexmethylphenidate (Azstarys™)	1	30

Black Box Warning as shown in the drug Prescribing Information:

Adzenys XR-ODT™, Adzenys ER®, Adderall®, Adderall® XR, Adhansia XR™, Aptensio XR™, Azstarys™, Concerta®, Dyanavel® XR, Dexedrine®, Dextroamphetamine sulfate, Evekeo®, Focalin®, Focalin® XR, Jornay PM™, Metadate® CD/ER, methylphenidate ER, Mydayis®, QuilliChew ER™, Quillivant XR®, Ritalin®, Ritalin [LA]®, Zenzedi™, Vyvanse®, Cotempla®, Dexedrine® (dextroamphetamine), ProCentra®, Xelstrym™

Abuse and dependence: CNS stimulants, other amphetamine-containing products, and methylphenidate, have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy.

Methylin®, Ritalin®, Concerta®, Daytrana®, Relexxii®

Drug dependence: should be given cautiously to patients with a history of drug dependence or alcoholism. Chronic, abusive use can lead to marked tolerance and psychological dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal from abusive use since severe depression may occur. Withdrawal following chronic therapeutic use may unmask symptoms of the underlying disorder that may require follow-up.

Desoxyn®

Methamphetamine has a high potential for abuse. It should thus be tried only in weight reduction programs for patients in whom alternative therapy has been ineffective. Administration of methamphetamine for prolonged periods of time in obesity may lead to drug dependence and must be avoided. Particular attention should be paid to the possibility of subjects obtaining methamphetamine for non-therapeutic use or distribution to others, and the drugs should be prescribed or dispensed sparingly. Misuse of methamphetamine may cause sudden death and serious cardiovascular adverse events.

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Adzenys ER® (amphetamine) [prescribing information]. Grand Prairie, TX: Neos Therapeutics; December 2017. Accessed April 20, 2023.

Adzenys XR-ODT™ (amphetamine) [prescribing information]. Grand Prairie, TX: Neos Therapeutics; February 2018. Accessed April 20, 2023.

Adderall® (dextroamphetamine/amphetamine) [prescribing information]. North Wales, PA: Teva Pharmaceuticals; July 2018. Accessed April 20, 2023.

Adderall XR® (dextroamphetamine/amphetamine) [prescribing information]. Social Circle, GA: Shire US Manufacturing Inc.; July 2019. Accessed April 20, 2023.

Adhansia XR™ (methylphenidate) [prescribing information]. Wilson, NC: Adlon Therapeutics L.P. July 2019. Accessed April 20, 2023.

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Aptensio XR™ (methylphenidate) [prescribing information]. Coventry, RI: Rhodes Pharmaceuticals; June 2019. Accessed April 20, 2023.

Azstarys™ (serdexmethylphenidate and dexmethylphenidate) [prescribing information]. Grand Rapids, MI: Corium, Inc. June 2021. Accessed April 20, 2023.

Concerta® (methylphenidate) [prescribing information]. Horsham, PA: Janssen Pharmaceuticals, Inc; January 2017. Accessed April 20, 2023.

Cotempla XR-ODT® (methylphenidate extended-release orally disintegrating tablet) [prescribing information]. Grand Prairie, TX: Neos Therapeutics Brands, LLC. June 2017. Accessed April 20, 2023.

Daytrana® patch (methylphenidate) [prescribing information]. New York, NY: Noven Therapeutics, LLC; October 2019. Accessed April 20, 2023.

Desoxyn® (methamphetamine HCL) [prescribing information]. Lebanon, NJ: Recordati Rare Diseases, Inc; March 2019. Accessed April 20, 2023.

Dexedrine® (dextroamphetamine) [prescribing information]. Horsham, PA: Amedra Pharmaceuticals LLC; March 2019. Accessed April 20, 2023.

Dextroamphetamine sulfate [prescribing information]. Morgantown, WV: Mylan Pharmaceuticals Inc.; 2015. Accessed April 20, 2023.

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Dyanavel® XR (amphetamine) [prescribing information]. Monmouth Junction, NJ: Tris Pharma Inc; February 2019. Accessed April 20, 2023.

Evekeo® (amphetamine) [prescribing information]. Atlanta, GA: Arbor Pharmaceuticals, LLC. September 2016. Accessed April 20, 2023.

Evekeo® ODT (amphetamine) [prescribing information]. Atlanta, GA. Arbor Pharmaceuticals, LLC. March 2019. Accessed April 20, 2023.

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Focalin® (dexamethylphenidate) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; November 2019. Accessed April 20, 2023.

Focalin XR® (dexamethylphenidate) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; November 2019. Accessed April 20, 2023.

Jornay PM™ (methylphenidate) [prescribing information]. Cherry Hill, NJ: Ironshore Pharmaceuticals, Inc. April 2019. Accessed April 20, 2023.

Kessler RC, Adler L, Barkley R, et al. The prevalence and correlates of adult ADHD in the United States: results from the National Comorbidity Survey Replication. *Am J Psychiatry* 2006; 163:716

Kariisa M, Scholl L, Wilson N, et. Al. Drug Overdose Deaths Involving Cocaine and Psychostimulants with Abuse Potential — United States, 2003–2017. *MMWR* 2019; 68(17);388–395

Metadate CD® (methylphenidate HCL) [prescribing information]. Rochester, NY: Unither Manufacturing, LLC; 2016. Accessed April 20, 2023.

Metadate® ER (methylphenidate HCL) [prescribing information]. Rochester, NY: Unither Manufacturing, LLC; April 2018. Accessed April 20, 2023.

Methylin® (methylphenidate HCL) [prescribing information]. Florham Park, NJ: Shionogi Inc.; August 2017. Accessed April 20, 2023.

Mydayis® (amphetamine mix salt) [prescribing information]. Lexington, MA: Shire US Inc. September 2019. Accessed April 20, 2023.

ProCentra® (dextroamphetamine sulfate) [prescribing information]. Charlotte, NC: FSC Laboratories, Inc; 2010. Accessed April 20, 2023.

Quillichew ER™ (methylphenidate) [prescribing information]. Cupertino, CA: NextWave Pharmaceuticals, Inc.; August 2018. Accessed April 20, 2023.

Quilivant XR® (methylphenidate) [prescribing information]. Cupertino, CA: NextWave Pharmaceuticals, Inc.; August 2018. Accessed April 20, 2023.

Relexxii® (methylphenidate hydrochloride extended-release tablets) [prescribing information]. Alpharetta, GA: Vertical Pharmaceuticals, LLC; November 2021. Available from: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=b7677cf9-95e0-4091-ac51-8f237c3f2635>. Accessed April 20, 2023.

Ritalin® (methylphenidate HCL) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; January 2019. Accessed April 20, 2023.

Ritalin LA® (methylphenidate HCL) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; November 2019. Accessed April 20, 2023.

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Swanson, J. Long-acting stimulants: development and dosing. *Can Child Adolesc Psychiatr Rev.* 2005 Aug; 14(Suppl 1): 4-9.

Vyvanse® (lisdexamphetamine dimesylate) [prescribing information]. Exton, PA: Shire LLC; January 2018. Accessed April 20, 2023.

Xelstrym™ (dextroamphetamine) [prescribing information]. Miami, FL: Noven Pharmaceuticals; November 2022. Available from: <https://www.xelstrym.com/>. Accessed April 20, 2023.

Yanofski, J. The Dopamine-Dilemma – Part II: Could Stimulants Cause Tolerance, Dependence, and Paradoxical Decompensation? Innovations in Clinical Neuroscience, 2011.

Zenedi™ (dextroamphetamine) [prescribing information]. Atlanta, GA: Arbor Pharmaceuticals, Inc.; 2017 Accessed April 20, 2023.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Adderall® [IR/XR]	Amphetamine/Dextroamphetamine
Mydayis®	Amphetamine/Dextroamphetamine
Adzenys® [XR ODT/ER]	Amphetamine
Dyanavel® XR	Amphetamine
Evekeo® [ODT]	Amphetamine
Dexedrine® [IR/SA]	Dextroamphetamine sulfate
ProCentra®	Dextroamphetamine sulfate
Zenedi®	Dextroamphetamine
Xelstrym®	Dextroamphetamine
Focalin® [IR/XR]	Dexmethylphenidate HCL
Vyvanse®	Lisdexamfetamine dimesylate
Adhansia XR™	Methylphenidate HCL
Aptensio® XR	Methylphenidate HCL
Concerta®	Methylphenidate HCL
Daytrana®	Methylphenidate HCL
Jornay PM™	Methylphenidate HCL
Metadate® [ER/CD]	Methylphenidate HCL
Methylin®	Methylphenidate HCL
Ritalin® [IR/LA]	Methylphenidate HCL
Quillichew® ER	Methylphenidate HCL
Quillivant® XR	Methylphenidate HCL
Cotempla®	Methylphenidate ER
Relexxii®	Methylphenidate ER
Desoxyn®	Methamphetamine HCL
Azstarys™	Serdexmethylphenidate/Dexmethylphenidate

Cross References:

Off-Label Use Rx.01.33

Prior Authorization Requirements for Select Drugs Rx.01.202

Weight Loss Agents Rx.01.94

Policy Version Number:	9.00
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The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

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