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, gender or quantity edits. 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. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. 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.

Policy

Lisdexamfetamine dimesylate (Vyvanse®) is indicated for the treatment of attention-deficit hyperactivity disorder (ADHD).

The use of lisdexamfetamine dimesylate (Vyvanse®) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description

Lisdexamfetamine dimesylate (Vyvanse®) is a pro-drug of dextroamphetamine. Following oral absorption, lisdexamfetamine dimesylate (Vyvanse®) is rapidly absorbed and converted into dextroamphetamine, which is responsible for the drugs activity. The exact mode of therapeutic action in attention-deficit hyperactivity disorder (ADHD) is unknown. Dextroamphetamine is thought to block the reuptake of norepinephrine and dopamine into the presynaptic neuron and increase the release of these monoamines into the extraneuronal space. Dextroamphetamine may also stimulate inhibitory receptors in the brain, which may contribute to its efficacy in ADHD. At this time there are no studies showing Lisdexamfetamine dimesylate (Vyvanse®) to have superior efficacy to other medications used to treat ADHD.

Policy Guideline Inclusion

Lisdexamfetamine dimesylate (Vyvanse®) is approved when there is documentation of a diagnosis of attention-deficit hyperactivity disorder (ADHD) and when one of the following inclusion criteria is met:

- Documentation of a trial and failure or contraindication/intolerance/allergy to any two of the following medications:
  - A methylphenidate containing product
  - A mixed amphetamine salts containing product (eg, amphetamine-dextroamphetamine [Adderall or Adderall XR])
  - Atomoxetine hydrochloride (Strattera®)
Policy Guideline Exclusion

Lisdexamfetamine dimesylate (Vyvanse®) is denied when either of the following exclusion criteria is present:

- No documentation of a diagnosis of ADHD and no documentation of a trial and failure or contraindication/intolerance/allergy to any two of the following medications:
  - A methylphenidate containing product
  - A mixed amphetamine salts containing product (eg, amphetamine-dextroamphetamine [Adderall or Adderall XR])
  - Atomoxetine hydrochloride (Strattera®)
  - A dextroamphetamine containing product
  - Methamphetamine hydrochloride (Desoxyn®)
  - A dexmethylphenidate containing product
- No documentation of a history of or a potential for drug abuse among the individual or a member of the individual’s household

Policy List of Applicable Drugs

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Vyvanse</td>
<td>Lisdexamfetamine dimesylate</td>
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Dosing and Administration

Refer to the specific manufacturer’s prescribing information for administration and dosage details, contraindications, and Black Box warnings.

Policy References


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