AdvancedHealth
Bridging the Future of Healthcare

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Long Acting Stimulant Criteria for patients 6-22 years old

Created: 7/2013
Reviewed: 5/2019

Includes:

Adderall XR©	*amphetamine/dextroamphetamine*
Focalin XR ©	*dexymethylphenidate*
Dexedrine ER©	*dextroamphetamine*
Vyvanse©	*lisdexamfetamine*
Ritalin LA©	*methylphenidate LA*
Methylin ER©/Ritalin SR©/Metadate ER©	*methylphenidate*
Metadate CD©	*methylphenidate*

**Includes any other non-formulary extended release stimulants not listed*

GUIDELINE FOR USE:

Initial Request:

1. Is the patient being treated for attention deficit disorders with or without hyperactivity?
    a. If yes, go to 2
    b. If no, deny as below the line.

2. Is the prescribed dose supported by the FDA approved package insert dosing guideline for the prescribed product?
    a. If yes, go to 2
    b. If no, deny as not meeting criteria. Off label use of medication is not a covered benefit on OHP.

3. Has the patient failed therapy with the formulary agent, methylphenidate extended release tablets (generic Methylin ER, Ritalin SR, Metadate ER)? Trial defined as at least 2 weeks of therapy at optimal dosing.
    a. If yes, approve for requested duration of therapy up to 12 months.
    b. If no, go to 4.

4. Is the patient unable to swallow tablets?
    a. If yes, approve for requested duration of therapy up to 12 months for a product that is able to be sprinkled.
    b. If no, go to 5

Approved by WOAH Pharmacy and Therapeutics Committee on 07/09/13; Approved by Advanced Health Pharmacy and Therapeutics Committee on 5/13/19

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5. Has the patient experienced adverse side effects to methylphenidate therapy (e.g. appetite suppression and/or weight loss, mood changes, tics, insomnia).
    a. If yes, Approve for requested duration of therapy up to 12 months.
    b. If no, go to 6

6. Is the patient in a residential treatment program, or a patient of the CDRC, and is stable on a non-formulary agent?
    a. If yes, Approve for requested duration of therapy up to 12 months.
    b. If no, go to 7

7. Has the patient been stable on therapy greater than 2 years?
    a. If yes, approve as an exception for 12 months.
    b. If no, go to 8

8. Is the patient new on Advanced Health and therapy is already established with a non-formulary agent?
    a. If yes, approve as an exception for 3 months with coordination of care with new PCP to trial methylphenidate ER tablets.
    b. If no, deny as non-formulary and request trial of formulary alternative.

Brand Name (Generic Name)	FDA Approved Indication	Maximum Daily Dose Adult/Pediatric	Duration of Action
Adderall XR Capsule (amphetamine/dextroamphetamine)	ADHD	ADHD (≥6yo) 30mg/day	10 hours
Focalin XR Tablet (dexmethylphenidate)	ADHD	Adult 40mg/day Pediatric 30mg/day	8 to 12 hours
Dexedrine ER Spansule (dextroamphetamine)	ADHD, narcolepsy	40mg/day	6 to 8 hours
Vyvanse Capsule (lisdexamfetamine)	ADHD	70mg/day	10 to 12 hours (up to 14 hrs in adults)
Ritalin LA Capsule (methylphenidate LA)	ADHD, narcolepsy	60mg/day	6 to 9 hours
Methylin ER/ Ritalin SR/ Metadate ER TABLET (methylphenidate)	**ADHD, narcolepsy**	**60mg/day**	**2 to 8 hours (dose QD or BID)**
Metadate CD Capsule (methylphenidate)	ADHD, narcolepsy	60mg/day	6 to 9 hours

Rationale:
To promote use of the least costly extended release stimulant, methylphenidate extended release tablets, for management of ADHD in children and adolescents aged 6 to 22 years of age. To ensure dosing consistent with the FDA approved prescribing information.

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References:

1. Adderall XR Prescribing Information. Revised November 2013. Accessed May 9, 2019.
2. Focalin XR Prescribing Information. Revised January 2017. Accessed May 9, 2019.
3. Dexedrine Prescribing Information. Reference ID:3734637. Accessed May 9, 2019.
4. Vyvanse Prescribing Information. Revised January 2017. Accessed May 9, 2019.
5. Ritalin LA Prescribing Information. Reference ID 2872329. Accessed May 9, 2019.
6. Metadate CD Prescribing Information. Reference ID 3303893. Accessed May 9, 2019.
7. Ritalin SR Prescribing Information. Revised January 2019. Accessed May 9, 2019.

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