

## Long-Acting Stimulant Criteria for patients 6-22 years old

Created: 7/2013

Reviewed: 5/2019, 12/2021, 1/2022, 3/25/24

Includes:

<b>Adderall XR</b> ®	<b>amphetamine/dextroamphetamine</b>
<b>Focalin XR</b> ®	dexmethylphenidate
<b>Dexedrine ER</b> ®	dextroamphetamine
<b>Vyvanse</b> ®	lisdexamfetamine
<b>Ritalin LA</b> ®	methylphenidate LA
<b>Methylin ER</b> ®/ <b>Ritalin SR</b> ®/ <b>Metadate ER</b> ®	<b>methylphenidate ER 10mg/20mg tabs</b>
<b>Metadate CD</b> ®	methylphenidate

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

*\*Highlighted items are on formulary without a prior authorization for ages 6 and older.*

### GUIDELINE FOR USE:

#### Initial Request:

1. 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.
2. Has the member failed therapy with the formulary agent, methylphenidate extended-release 10mg or 20mg tablets (generic Methylin ER, Ritalin SR, Metadate ER) or dextroamphetamine/amphetamine ER? Trial defined as at least 2 weeks of therapy at optimal dosing.
  - a. If yes, go to 3
  - b. If no, go to 5
3. Is the request for lisdexamfetamine?
  - a. If yes, go to 4
  - b. If no, go to 5
4. Has the member trialed and failed dextroamphetamine ER?
  - a. If yes, approve for up to 12 months

Approved by WOAHP Pharmacy and Therapeutics Committee on 07/09/13

Approved by Advanced Health Pharmacy and Therapeutics Committee on 5/13/19, 2/9/22, 4/10/2024

- b. If no, deny as not meeting criteria. Please trial dextroamphetamine ER. Lisdexamphetamine is a prodrug of dextroamphetamine.
  
5. Is the member 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 6
  
6. Has the member experienced adverse side effects to methylphenidate or amphetamine/dextroamphetamine 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 7
  
7. Is the member 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 8
  
8. Is the member new on Advanced Health and already established with a non-formulary agent?
  - a. If yes, approve for up to 12 months.
  - 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
<b>Methylin ER/ Ritalin SR/ Metadate ER TABLET (methylphenidate)</b>	<b>ADHD, narcolepsy</b>	<b>60mg/day</b>	<b>2 to 8 hours (dose QD or BID)</b>
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 is consistent with the FDA approved prescribing information.

Approved by WOAHP Pharmacy and Therapeutics Committee on 07/09/13

Approved by Advanced Health Pharmacy and Therapeutics Committee on 5/13/19, 2/9/22, 4/10/2024

**References:**

1. Adderall XR Prescribing Information. Revised October 2021. Accessed December 20, 2021.
2. Focalin XR Prescribing Information. Revised June 2021. Accessed December 20, 2021.
3. Dexedrine Prescribing Information. Revised October 2020. Accessed December 20, 2021.
4. Vyvanse Prescribing Information. Revised July 2021. Accessed December 20, 2021.
5. Ritalin LA Prescribing Information. Revised June 2021. Accessed December 20, 2021.
6. Metadate CD Prescribing Information. Reference ID 3303893. Accessed December 20, 2021.
7. Ritalin SR Prescribing Information. Revised January 2019. Accessed December 20, 2021.