

Transdermal Stimulants Drug Use Criteria

Created: 2/4/2025 Reviewed: 2/12/2025

Includes:

Daytrana© (*methylphenidate*) **Xelstrym**© (dextroamphetamine transdermal system)

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. Is the member between the ages of 6 and 18 years old?
 - a. If yes, go to 3
 - b. If no, deny as not meeting criteria
- 3. Is there documentation that the member has trialed/failed the formulary long-acting oral stimulant formulation?
 - a. If yes, approve for up to 12 months
 - b. If no, go to 4
- 4. Does the member have a contraindication to or cannot swallow or absorb any formulary longacting oral stimulant?
 - a. If yes, approve for up to 12 months
 - b. If no, deny as not meeting criteria

Renewal Request:

- 1. Is there documented improvement in function utilizing an appropriate ADHD symptom rating scale?
 - a. If yes, approve for up to 12 months
 - b. If no, deny as not meeting criteria.

Approved by Advanced Health Pharmacy & Therapeutics Committee on February 12, 2025



Rationale:

To define the process for coverage of transdermal stimulant formulations, ensuring that use of the least costly extended-release formulary stimulants are trialed first for management of ADHD in children and adolescents. To ensure dosing is consistent with the FDA approved prescribing information.

FDA Approved Indications:

Treatment of Attention Deficit Hyperactivity Disorder (ADHD) in adults and pediatric patients 6 years and older.

References:

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- Pliszka SR, Wilens TE, Bostrom S, Arnold VK, Marraffino A, Cutler AJ, Lopez FA, DeSousa NJ, Sallee FR, Incledon B, Newcorn JH. Efficacy and safety of HLD200, delayed-release and extended-release methylphenidate, in children with attention-deficit/hyperactivity disorder. J Child Adolesc Psychopharmacol. 2017;27(6):474-82.
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