Missouri Pharmacy Program – Preferred Drug List

ADHD Amphetamines – Long Acting

Effective 01/10/2019
Revised 01/09/2020

Preferred Agents
- Adderall XR®
- Vyvanse® Caps
- Vyvanse® Chew

Non-Preferred Agents
- Adzenys ER™ Susp
- Adzenys XR ODT™
- Amphetamine Salts ER (gen Adderall XR)
- Amphetamine ER Susp (gen Adzenys ER Susp)
- Dextedrine® Spansule
- Dextroamphetamine ER
- Dyanavel® XR Susp
- Mydayis™ ER Caps

Approval Criteria

- Dosage within approved dosage limitations AND
- Participant demonstrates compliance to prescribed therapy OR
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents (90 out of 120 days) OR
  - Documented ADE/ADR to preferred agents
- Therapy may be approved for indications below (clinical consultant review may be required):
  - Attention Deficit Hyperactivity Disorder
  - Opioid-Induced Sedation or Depression in the treatment of Cancer
  - Idiopathic hypersomnia
  - Binge-Eating Disorder: Vyvanse only
- Participant aged ≥ 6 years and < 18 years: appropriate diagnosis of ADHD or Idiopathic hypersomnia
- Participant aged ≥ 18 years and < 23 years:
  - Appropriate diagnosis (see above)
  - For ADHD therapy: Goals of therapy clearly defined by prescriber (may include academic/work enrollment)
- Participant aged > 23 years:
  - Diagnosis of Opioid-Induced Sedation or Depression in the treatment of Cancer or Idiopathic hypersomnia OR
  - Diagnosis of ADHD:
    - Confirmed diagnosis of ADHD using DSM-5 Diagnostic Criteria - Attention-Deficit/Hyperactivity Disorder (ADHD) AND
    - Completion of an adult ADHD self-rating scale confirming diagnosis AND
    - Documentation of symptoms occurring in 2 or more settings AND
    - Clear evidence that the symptoms interfere with social, academic or occupational functioning AND
    - Goals of therapy clearly defined by prescriber
    - Claim may be flagged for clinical consultant review secondary to comorbid substance use disorder diagnosis
    - Claim flagged for clinical consultant review secondary to concomitant psychiatric medication use of 3 or more agents (including requested ADHD therapy)
    - Claim flagged if concomitant use of benzodiazepines present
- Psychiatric Specialist Consult (within most recent 6 months) required for diagnosis and treatment initiation (participant may receive regular follow-up by primary care physician)
- Adequate trial required for monotherapy

**Denial Criteria**

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Participant aged < 6 years
- Drug Prior Authorization Hotline: (800) 392-8030