**Missouri Pharmacy Program – Preferred Drug List**

**ADHD Amphetamines – Short Acting**

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

**Preferred Agents**

- Dextroamphetamine Tabs  
- Dextroamphetamine-Amphetamine

**Non-Preferred Agents**

- Adderall®
- Amphetamine Sulfate Tabs (gen Evekeo®)
- Desoxyn® Tabs  
- Dextroamphetamine Soln  
- Evekeo® Tabs  
- Methamphetamine Tabs  
- Procentra® Soln  
- Zenzedi™ Tabs

**Approval Criteria**

- Dosage within approved dosage limitations AND  
- Participant demonstrates compliance to prescribed therapy OR  
- Failure to achieve desired therapeutic outcomes with trial on 1 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  
  - Narcolepsy  
- Participant aged < 6 years:  
  - Compliance authorization piece is removed (requires a yearly evaluation at minimum) AND  
  - Confirmed diagnosis of ADHD using DSM-5 Diagnostic Criteria - Attention-Deficit/Hyperactivity Disorder (ADHD) AND  
  - Completion of a standardized rating scale (examples below) indicating the presence of symptoms in 2 or more settings:  
    - Conners' Rating Scale-Revised  
    - Vanderbilt ADHD Diagnostic Teacher's Rating Scale-Bright Futures  
    - Vanderbilt ADHD Diagnostic Teachers Rating Scale-UOHCSC  
    - Vanderbilt ADHD Diagnostic Parents’ Rating Scale  
    - ADHD-RS  
    - Additional Resources AND  
  - Documentation of the signs & symptoms of ADHD evident to the provider during assessment of the child  
- Participant aged ≥ 6 years and < 18 years: appropriate diagnosis (see above)  
- 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, Idiopathic hypersomnia, or Narcolepsy 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
- Drug Prior Authorization Hotline: (800) 392-8030