



Missouri Pharmacy Program – Preferred Drug List



ADHD Amphetamines – Long Acting

Effective 01/10/2019

Revised 08/17/2020

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)
- Dexedrine® 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
 - **Narcolepsy**
- 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