Missouri Pharmacy Program – Preferred Drug List

ADHD Amphetamines – Long Acting

Effective 01/10/2019
Revised 08/17/2020

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adderall XR®</td>
<td>• Adzenys ER™ Susp</td>
</tr>
<tr>
<td>• Vyvanse® Caps</td>
<td>• Adzenys XR ODT™</td>
</tr>
<tr>
<td>• Vyvanse® Chew</td>
<td>• Amphetamine Salts ER (gen Adderall XR)</td>
</tr>
<tr>
<td></td>
<td>• Amphetamine ER Susp (gen Adzenys ER Susp)</td>
</tr>
<tr>
<td></td>
<td>• Dextedrine® Spansule</td>
</tr>
<tr>
<td></td>
<td>• Dextroamphetamine ER</td>
</tr>
<tr>
<td></td>
<td>• Dyanavel® XR Susp</td>
</tr>
<tr>
<td></td>
<td>• Mydayis™ ER Caps</td>
</tr>
</tbody>
</table>

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
  o Documented trial period for preferred agents (90 out of 120 days) OR
  o Documented ADE/ADR to preferred agents
• Therapy may be approved for indications below (clinical consultant review may be required):
  o Attention Deficit Hyperactivity Disorder
  o Opioid-Induced Sedation or Depression in the treatment of Cancer
  o Idiopathic hypersomnia
  o Binge-Eating Disorder: Vyvanse only
  o Narcolepsy
• Participant aged ≥ 6 years and < 18 years: appropriate diagnosis of ADHD or Idiopathic hypersomnia
• Participant aged ≥ 18 years and < 23 years:
  o Appropriate diagnosis (see above)
  o For ADHD therapy: Goals of therapy clearly defined by prescriber (may include academic/work enrollment)
• Participant aged > 23 years:
  o Diagnosis of Opioid-Induced Sedation or Depression in the treatment of Cancer or Idiopathic hypersomnia OR
  o 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