## Attention Deficit Hyperactivity Disorder (ADHD)

**Effective April 17, 2019**

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<tr>
<th>Plan</th>
<th>☐ MassHealth</th>
<th>☒ Commercial/Exchange</th>
<th>Program Type</th>
<th>☐ Prior Authorization</th>
<th>☒ Quantity Limit</th>
<th>☒ Step Therapy</th>
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<tbody>
<tr>
<td>Benefit</td>
<td>☒ Pharmacy Benefit</td>
<td>☐ Medical Benefit (NLX)</td>
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<thead>
<tr>
<th>Specialty Limitations</th>
<th>N/A</th>
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</table>

### Specialty Medications

- All Plans: Phone: 866-814-5506  Fax: 866-249-6155

### Non-Specialty Medications

- MassHealth: Phone: 877-433-7643  Fax: 866-255-7569
- Commercial: Phone: 800-294-5979  Fax: 888-836-0730
- Exchange: Phone: 855-582-2022  Fax: 855-245-2134

### Medical Specialty Medications (NLX)

- All Plans: Phone: 844-345-2803  Fax: 844-851-0882

<table>
<thead>
<tr>
<th>Exceptions</th>
<th>N/A</th>
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### Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

### Initial Step-Therapy Requirements:

**First-Line**: Medications listed on first-line are covered without prior-authorization.

**Second-Line**: Second-line medications will pay if the member has filled at least two different first-line medications or a second-line medication within the past 180 days.

### Coverage Guidelines

<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
</tr>
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<tbody>
<tr>
<td>amphetamine/dextroamphetamine SR (Compare to Adderall XR)</td>
<td>Daytrana® patch (methylphenidate)</td>
</tr>
<tr>
<td>methylphenidate SA tablet (Compare to Concerta)</td>
<td>QuilliChew ER (methylphenidate hydrochloride)</td>
</tr>
<tr>
<td>dexamfetamine SR caps (Compare to Focalin XR)</td>
<td>Quillivant XR suspension (methylphenidate hydrochloride)</td>
</tr>
<tr>
<td>methylphenidate CR capsules</td>
<td>Dyanavel XR (amphetamine)</td>
</tr>
<tr>
<td>methylphenidate SA capsule (Compare to Ritalin LA)</td>
<td>Vyvanse (lisdexamfetamine)</td>
</tr>
</tbody>
</table>

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

**Daytrana, QuilliChew ER, and Quillivant XR**
1. The member has a diagnosis of ADD/ADHD or Narcolepsy AND
2. The member has tried and had a documented side effect, allergy, or treatment failure two (2) preferred, long-acting (once-a-day) products*

**Dyanavel XR**
1. The member has a diagnosis of ADD/ADHD AND
2. The member has tried and had a documented side effect, allergy, or treatment failure two (2) preferred, long-acting (once-a-day) products*

**Vyvanse**
1. The member has a diagnosis of ADD/ADHD AND
2. The member has tried and had a documented side effect, allergy, or treatment failure two (2) preferred, long-acting (once-a-day) products
   OR
1. The member has a diagnosis of binge eating disorder

*Please Note: First-line capsules can be opened and mixed with food (i.e. applesauce)

**Limitations**
1. Approvals will be granted for 12 months.
2. The following quantity limits apply

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Daytrana</td>
<td>30 patches per month</td>
</tr>
<tr>
<td>Vyvanse</td>
<td>30 capsules per month</td>
</tr>
</tbody>
</table>

**References**
1. Adderall (dextroamphetamine/amphetamine) [prescribing information]. Horsham, PA: Teva Pharmaceuticals; December 2016.
3. Concerta (methylphenidate) [prescribing information]. Titusville, NJ: Janssen; January 2017
4. Dyanavel XR (amphetamine) [prescribing information]. Monmouth Junction, NJ: Tris Pharma; February 2019
5. Methylphenidate extended-release tablets (methylphenidate) [prescribing information]. Pine Brook, NJ: Alvogen, Inc; January 2018
7. Quillivant XR (methylphenidate) [prescribing information]. New York, NY: Pfizer Inc; August 2018.
8. QuilliChew (methylphenidate) extended-release chewable tablets [prescribing information]. New York, NY: Pfizer; August 2018
9. Daytrana (methylphenidate) [prescribing information]. Miami, FL: Noven; November 2017


Review History
06/27/05 – Updated
04/24/06 – Reviewed
04/23/07 – Reviewed
11/26/07 – Updated
04/28/08 – Updated
04/27/09 – Updated
04/26/10 – Reviewed
04/25/11 – Updated
04/06/09 – Generic Adderall XR
12/15/10 – Disclaimer
05/17/11 – Generic Concerta
02/03/12 – Ritalin LA generic
04/23/12 – Reviewed
12/01/12 – Kapvay pack and Metadate CD generic
04/22/13 – Reviewed
02/24/14 – Kapvay tabs generic
04/28/14 – Reviewed
11/26/18 – Restructured program – Brands 2nd line and generics 1st line
04/17/19 – Added Narcolepsy diagnosis

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