



**Attention Deficit Hyperactivity Disorder (ADHD)
Effective April 17, 2019**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	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
Exceptions	N/A		

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

FIRST-LINE	SECOND-LINE
amphetamine/dextroamphetamine SR (Compare to Adderall XR) methylphenidate SA tablet (Compare to Concerta) dexmethylphenidate SR caps (Compare to Focalin XR) methylphenidate CR capsules methylphenidate SA capsule (Compare to Ritalin LA)	Daytrana® patch (methylphenidate) QuilliChew ER (methylphenidate hydrochloride) Quillivant XR suspension (methylphenidate hydrochloride) Dyanavel XR (amphetamine) Vyvanse (lisdexamfetamine)

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

Daytrana	30 patches per month
Vyvanse	30 capsules per month

References

1. Adderall (dextroamphetamine/amphetamine) [prescribing information]. Horsham, PA: Teva Pharmaceuticals; December 2016.
2. Adderall XR (dextroamphetamine/amphetamine) [prescribing information]. Lexington, MA: Shire US Inc; July 2018.
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
6. Ritalin/Ritalin SR (methylphenidate) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals; January 2019.
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
10. Vyvanse (lisdexamfetamine) [prescribing information]. Lexington, MA Shire US Inc; January 2018.
11. Gleason MM, Goldson E, Yogman MW, et al. Addressing Early Childhood Emotional and Behavioral Problems. Pediatrics 2016; 138
12. Daley D, van der Oord S, Ferrin M, et al. Behavioral interventions in attention-deficit/hyperactivity disorder: a meta-analysis of randomized controlled trials across multiple outcome domains. J Am Acad Child Adolesc Psychiatry 2014; 53:835.



13. Evans SW, Owens JS, Bunford N. Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder. *J Clin Child Adolesc Psychol* 2014; 43:527.
14. McElroy SL, Hudson JI, Mitchell JE, et al. Efficacy and safety of lisdexamfetamine for treatment of adults with moderate to severe binge-eating disorder: a randomized clinical trial. *JAMA Psychiatry* 2015; 72:235.
15. McElroy SL, Hudson J, Ferreira-Cornwell MC, et al. Lisdexamfetamine Dimesylate for Adults with Moderate to Severe Binge Eating Disorder: Results of Two Pivotal Phase 3 Randomized Controlled Trials. *Neuropsychopharmacology* 2016; 41:1251.

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

Disclaimer

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