**Overview**

Adzenys XR oral-disintegrating tablet (ODT) is a central nervous system (CNS) stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older.

**Coverage Guidelines**

1. Member has a diagnosis of attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) AND
2. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to Adderall XR® and Vyvanse

*Please note: Additional criteria may apply for members under the age of 18. Please refer to the MassHealth Pediatric Behavioral Health Medication Initiative guideline for criteria.*

**Continuation of Therapy**

Reauthorization requires documentation by prescriber that indicates a positive response to therapy.

**Limitations**

1. Initial and reauthorization approvals may be granted for up to 1 year
2. The following quantity limits apply:

<table>
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<tr>
<th>Specialty Medications</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<tr>
<td>Adzenys ODT</td>
<td>30 tablets per 30 days</td>
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</table>

**References**

1. Adzenys XR-O DT (amphetamine) [prescribing information]. Grand Prairie, TX: Neos Therapeutics; February 2018
2. Adderall XR (dextroamphetamine/amphetamine) [prescribing information]. Lexington, MA: Shire US Inc; July 2019
3. Vyvanse (lisdexamfetamine) [prescribing information]. Lexington, MA: Shire US Inc; January 2018

Review History
03/01/2018 – Implemented (Adopted MH PDS)
04/17/2019 – Reviewed P&T Mtg
05/20/2020 – Reviewed May P&T Mtg; references updated, removed appendix; removed narcolepsy (not FDA approved for Adzenys XR); added previous use of Vyvanse to match MH. Effective 8/1/20.

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