



**Cerebral Stimulant Quantity Limit  
Effective February 20, 2019**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**  
N/A

**Coverage Guidelines**

- AllWays Health Partners may approve over the quantity limit if the member meets the following criteria:
1. Member meets initial drug specific prior authorization criteria **AND**
  2. Prescriber has submitted documentation of a medical necessity for an increased dosage that results in requiring quantities that exceed the determined limits
    - a. Example – dose consolidation is not possible, titration
  3. Please note: If the request is for dextroamphetamine 5 mg or 10 mg tablets, the dose must be as consolidated as much possible using 5 mg or 10 mg tablets

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



DRUG	QUANTITY PER 30 DAYS
Adzenys XR-ODT® (amphetamine ER ODT)	30 units
Aptensio XR® (methylphenidate ER)	30 units
Cotempla XRODT ® (methylphenidate ER ODT)	30 units
Daytrana® (methylphenidate transdermal)	30 units
Mydayis® (amphetamine salts ER)	30 units
Kapvay (clonidine ER)	120 units
Adderall® (amphetamine salts)	90 units
Dexedrine® (dextroamphetamine 5 mg, 10 mg tablet)	90 units
Dexedrine® (dextroamphetamine 5 mg, 10 mg, 15 mg capsule)	90 units
Focalin® (dexmethylphenidate)	90 units
Metadate ER® (methylphenidate)	90 units
Methylin® tablet (methylphenidate tablet)	90 units
Ritalin® (methylphenidate)	90 units
Ritalin® SR (methylphenidate)	90 units
Zenedi® (dextroamphetamine) 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg tablets	90 units
Adderall XR® (amphetamine salts extended-release)	60 units
Concerta® (methylphenidate extended-release)	60 units
Focalin XR® (dexmethylphenidate extended-release)	60 units
Metadate CD® (methylphenidate extended-release)	60 units
QuilliChew ER® (methylphenidate extended-release chewable tablet)	60 units
Ritalin LA® (methylphenidate)	60 units
Vyvanse® (lisdexamfetamine)	60 units
Dextroamphetamine solution	900 mL
Methylin® oral solution (methylphenidate oral solution)	900 mL
<b>Summary</b>	
Long acting agents	60 combined units
Short/intermediate acting agents	90 combined units
Short/intermediate acting agents and long acting agents	90 combined units
Cerebral stimulant solutions	900 mL combined units

### Limitations

For short acting agents without a long acting agent

- If dose consolidation *is possible*: Approval is granted for 1 month
- If dose consolidation *is not possible*: Approval is granted for 1 year

### References

N/A

### Review History

03/01/18 – Adopted MH RS

02/20/19 – Reviewed

### Disclaimer

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