

**Evekeo® (amphetamine sulfate)
Effective 04/17/19**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
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

Evekeo is a central nervous system stimulant prescription medicine used for the treatment of narcolepsy, Attention-Deficit Hyperactivity Disorder (ADHD), and exogenous obesity.

Coverage Guidelines

Approval of generic Evekeo® will be granted if the member meets the following diagnosis specific criteria:

Attention Deficit Hyperactivity Disorder (ADHD):

1. Member has a diagnosis of ADHD **AND**
2. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to a trial (defined as >7 days of therapy) of at least ONE generically available amphetamine product

Narcolepsy:

1. Member has a diagnosis of narcolepsy **AND**
2. Prescriber has submitted medical records documenting the results of the sleep study [polysomnogram (PSG) or Multiple Sleep Latency Test (MSLT)] used to confirm narcolepsy **AND**
3. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to a trial (defined as >7 days of therapy) of at least ONE generically available amphetamine product

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 require documentation by prescriber that indicates a positive response to therapy.

Limitations

1. Initial and reauthorization approvals may be granted for up to 1 year

Appendix:

Adverse reactions/contraindications to stimulants include but are not limited to weight loss or failure to gain weight, insomnia, agitation, increased anger and aggression, tic disorder, seizures w/ ADHD, traumatic brain injury w/ ADHD (trial of **both** a methylphenidate product and amphetamine product is required for approval), symptomatic heart disease in children (tachycardia or hypertension), symptomatic heart disease in adults (there should be at least 1 failed trial of another non-stimulant medication that may be used for ADHD such as bupropion.)

References

1. Evekeo (amphetamine) [package insert]. Atlanta (GA): Arbor Pharmaceuticals, LLC; 2016 September

Review History

03/01/18 – Implemented (adopted MH RS)

04/17/19 – Reviewed P&T Mtg

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