



**Zenedi® (dextroamphetamine)
Effective 04/17/19**

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

Coverage Guidelines

Approval of will be granted if the member meets the following criteria:

1. Member has a diagnosis of attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) **AND**
2. Prescriber has provided documentation of medical necessity for requested strength over the generically available dextroamphetamine 5 and 10 mg tablets (i.e. prescriber notes titration in a pediatric member 3 to 5 years of age)

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

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.)



Limitations

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

Zenzedi	90 tablets per month
---------	----------------------

References

N/A

Review History

03/01/18 - Adopted MH RS

04/17/19 - Reviewed

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.