

Phone: 541-269-7400 Fax: 541-269-7789



Bridging the Future of Healthcare

Long Acting Stimulant Criteria for patients 6-22 years old

Created: 7/2013 Reviewed: 5/2019

Includes:

Adderall XR© amphetamine/dextroamphetamine

Focalin XR ©

Dexedrine ER©

Vyvanse©

Ritalin LA©

Methylin ER©/Ritalin SR©/Metadate ER©

methylphenidate

Metadate CD©

dexymethylphenidate

dexymethylphenidate

methylphenidate

methylphenidate

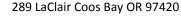
methylphenidate

GUIDELINE FOR USE:

Initial Request:

- 1. Is the patient being treated for attention deficit disorders with or without hyperactivity?
 - a. If yes, go to 2
 - b. If no, deny as below the line.
- 2. Is the prescribed dose supported by the FDA approved package insert dosing guideline for the prescribed product?
 - a. If yes, go to 2
 - b. If no, deny as not meeting criteria. Off label use of medication is not a covered benefit on OHP.
- 3. Has the patient failed therapy with the formulary agent, methylphenidate extended release tablets (generic Methylin ER, Ritalin SR, Metadate ER)? Trial defined as at least 2 weeks of therapy at optimal dosing.
 - a. If yes, approve for requested duration of therapy up to 12 months.
 - b. If no, go to 4.
- 4. Is the patient unable to swallow tablets?
 - a. If yes, approve for requested duration of therapy up to 12 months for a product that is able to be sprinkled.
 - b. If no, go to 5

^{*}Includes any other non-formulary extended release stimulants not listed



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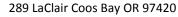


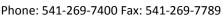
- 5. Has the patient experienced adverse side effects to methylphenidate therapy (e.g. appetite suppression and/or weight loss, mood changes, tics, insomnia).
 - a. If yes, Approve for requested duration of therapy up to 12 months.
 - b. If no, go to 6
- 6. Is the patient in a residential treatment program, or a patient of the CDRC, and is stable on a non-formulary agent?
 - a. If yes, Approve for requested duration of therapy up to 12 months.
 - b. If no, go to 7
- 7. Has the patient been stable on therapy greater than 2 years?
 - a. If yes, approve as an exception for 12 months.
 - b. If no, go to 8
- 8. Is the patient new on Advanced Health and therapy is already established with a non-formulary agent?
 - a. If yes, approve as an exception for 3 months with coordination of care with new PCP to trial methylphenidate ER tablets.
 - b. If no, deny as non-formulary and request trial of formulary alternative.

Brand Name (Generic Name)	FDA Approved Indication	Maximum Daily Dose Adult/Pediatric	Duration of Action
Adderall XR Capsule (amphetamine/dextroamphetamine)	ADHD	ADHD (≥6yo) 30mg/day	10 hours
Focalin XR Tablet (dexmethylphenidate)	ADHD	Adult 40mg/day Pediatric 30mg/day	8 to 12 hours
Dexedrine ER Spansule (dextroamphetamine)	ADHD, narcolepsy	40mg/day	6 to 8 hours
Vyvanse Capsule (lisdexamfetamine)	ADHD	70mg/day	10 to 12 hours (up to 14 hrs in adults)
Ritalin LA Capsule (methylphenidate LA)	ADHD, narcolepsy	60mg/day	6 to 9 hours
Methylin ER/ Ritalin SR/ Metadate ER TABLET (methylphenidate)	ADHD, narcolepsy	60mg/day	2 to 8 hours (dose QD or BID)
Metadate CD Capsule (methylphenidate)	ADHD, narcolepsy	60mg/day	6 to 9 hours

Rationale:

To promote use of the least costly extended release stimulant, methylphenidate extended release tablets, for management of ADHD in children and adolescents aged 6 to 22 years of age. To ensure dosing consistent with the FDA approved prescribing information.







References:

- 1. Adderall XR Prescribing Information. Revised November 2013. Accessed May 9, 2019.
- 2. Focalin XR Prescribing Information. Revised January 2017. Accessed May 9, 2019.
- 3. Dexedrine Prescribing Information. Reference ID:3734637. Accessed May 9, 2019.
- 4. Vyvanse Prescribing Information. Revised January 2017. Accessed May 9, 2019.
- 5. Ritalin LA Prescribing Information. Reference ID 2872329. Accessed May 9, 2019.
- 6. Metadate CD Prescribing Information. Reference ID 3303893. Accessed May 9, 2019.
- 7. Ritalin SR Prescribing Information. Revised January 2019. Accessed May 9, 2019.