

### Clinical Pharmacy Program Guidelines for Stimulants- TEXAS

Program	Prior Authorization
Medication	Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD) Stimulant Medications
Markets in Scope	Texas

**Drugs Requiring Prior Authorization:**

Extended-Release (ER) Formulations	
ADDERALL XR 10MG CAPSULE	APTENSIO XR 30MG CAPSULE
ADDERALL XR 15MG CAPSULE	APTENSIO XR 40MG CAPSULE
ADDERALL XR 20MG CAPSULE	APTENSIO XR 50MG CAPSULE
ADDERALL XR 25MG CAPSULE	APTENSIO XR 60MG CAPSULE
ADDERALL XR 30MG CAPSULE	CONCERTA ER 18MG TABLET
ADDERALL XR 5MG CAPSULE	CONCERTA ER 27MG TABLET
ADZENYS ER 1.25 MG/ML SUSP	CONCERTA ER 36MG TABLET
ADZENYS XR-ODT 3.1MG TABLET	CONCERTA ER 54MG TABLET
ADZENYS XR-ODT 6.3MG TABLET	COTEMPLA XR-ODT 17.3MG TABLET
ADZENYS XR-ODT 9.4MG TABLET	COTEMPLA XR-ODT 25.9MG TABLET
ADZENYS XR-ODT 12.5MG TABLET	COTEMPLA XR-ODT 8.6MG TABLET
ADZENYS XR-ODT 15.7MG TABLET	DAYTRANA 10MG/9HR PATCH
ADZENYS XR-ODT 18.8MG TABLET	DAYTRANA 15MG/9HR PATCH
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG EXTENDED-RELEASE CAPS	DAYTRANA 20MG/9HR PATCH
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 15MG EXTENDED-RELEASE CAPS	DAYTRANA 30MG/9HR PATCH
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG EXTENDED-RELEASE CAPS	DEXEDRINE SPANSULE 10MG
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 25MG EXTENDED-RELEASE CAPS	DEXEDRINE SPANSULE 15MG
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG EXTENDED-RELEASE CAPS	DEXEDRINE SPANSULE 5MG
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG EXTENDED-RELEASE CAPS	DEXMETHYLPHENIDATE 10MG EXTENDED RELEASE CAPSULE
APTENSIO XR 10MG CAPSULE	DEXMETHYLPHENIDATE 15MG EXTENDED RELEASE CAPSULE
APTENSIO XR 15MG CAPSULE	DEXMETHYLPHENIDATE 20MG EXTENDED RELEASE CAPSULE
APTENSIO XR 20MG CAPSULE	DEXMETHYLPHENIDATE 25MG EXTENDED RELEASE CAPSULE

DEXMETHYLPHENIDATE 30MG EXTENDED-RELEASE CAPSULE	METHYLPHENIDATE 36MG EXTENDED-RELEASE TABLET
DEXMETHYLPHENIDATE 35MG EXTENDED-RELEASE CAPSULE	METHYLPHENIDATE 40MG EXTENDED-RELEASE CAPSULE
DEXMETHYLPHENIDATE 40MG EXTENDED-RELEASE CAPSULE	METHYLPHENIDATE 54MG EXTENDED-RELEASE TABLET
DEXMETHYLPHENIDATE 5MG EXTENDED-RELEASE CAPSULE	METHYLPHENIDATE 60MG EXTENDED-RELEASE CAPSULE
DEXTROAMPHETAMINE 10MG EXTENDED-RELEASE CAPSULE	METHYLPHENIDATE 72 MG EXTENDED-RELEASE TABLET
DEXTROAMPHETAMINE 15MG EXTENDED-RELEASE CAPSULE	METHYLPHENIDATE CD 10MG EXTENDED-RELEASE CAPSULE
DEXTROAMPHETAMINE 5MG EXTENDED-RELEASE CAPSULE	METHYLPHENIDATE CD 20MG EXTENDED-RELEASE CAPSULE
DYANA VEL XR 2.5MG/ML SUSP	METHYLPHENIDATE CD 30MG
FOCALIN XR 10MG CAPSULE	METHYLPHENIDATE CD 40MG
FOCALIN XR 15MG CAPSULE	METHYLPHENIDATE CD 50MG
FOCALIN XR 20MG CAPSULE	METHYLPHENIDATE CD 60MG
FOCALIN XR 25MG CAPSULE	METHYLPHENIDATE ER 10 MG TAB
FOCALIN XR 30MG CAPSULE	MYDAYIS ER 12.5 MG CAPSULE
FOCALIN XR 35MG CAPSULE	MYDAYIS ER 25 MG CAPSULE
FOCALIN XR 40MG CAPSULE	MYDAYIS ER 37.5 MG CAPSULE
FOCALIN XR 5MG CAPSULE	MYDAYIS ER 50 MG CAPSULE
JORNAY PM 100 MG CAPSULE	QUILLICHEW ER 20MG CHEW TAB
JORNAY PM 20 MG CAPSULE	QUILLICHEW ER 30MG CHEW TAB
JORNAY PM 40 MG CAPSULE	QUILLICHEW ER 40MG CHEW TAB
JORNAY PM 60 MG CAPSULE	QUILLIVANT XR 25MG/5ML SUSP
JORNAY PM 80 MG CAPSULE	RITALIN LA 10MG CAPSULE
METADATE ER 20MG TABLET ER	RITALIN LA 20MG CAPSULE
METHYLPHENIDATE 10MG EXTENDED-RELEASE CAPSULE	RITALIN LA 30MG CAPSULE
METHYLPHENIDATE 18MG EXTENDED-RELEASE TABLET	RITALIN LA 40MG CAPSULE
METHYLPHENIDATE 20MG EXTENDED-RELEASE CAPSULE	VYVANSE 10MG CAPSULE
METHYLPHENIDATE 20MG SUSTAINED-RELEASE TABLET	VYVANSE 10MG CHEWABLE TABLET
METHYLPHENIDATE 27MG EXTENDED-RELEASE TABLET	VYVANSE 20MG CAPSULE
METHYLPHENIDATE 30MG EXTENDED-RELEASE CAPSULE	VYVANSE 20MG CHEWABLE TABLET

VYVANSE 30MG CAPSULE	VYVANSE 50MG CHEWABLE TABLET
VYVANSE 30MG CHEWABLE TABLET	VYVANSE 60MG CAPSULE
VYVANSE 40MG CAPSULE	VYVANSE 60MG CHEWABLE TABLET
VYVANSE 40MG CHEWABLE TABLET	VYVANSE 70MG CAPSULE
VYVANSE 50MG CAPSULE	

<b>Immediate-Release (IR) Formulations</b>	
ADDERALL 10MG TABLET	FOCALIN 10MG TABLET
ADDERALL 12.5MG TABLET	FOCALIN 2.5MG TABLET
ADDERALL 15MG TABLET	FOCALIN 5MG TABLET
ADDERALL 20MG TABLET	METHAMPHETAMINE 5MG TABLET
ADDERALL 30MG TABLET	METHYLIN 10MG/5ML SOLUTION
ADDERALL 5MG TABLET	METHYLIN 5MG/5ML SOLUTION
ADDERALL 7.5MG TABLET	METHYLPHENIDATE 10 MG CHEW TB
AMPHETAMINE SULFATE 5MG TABLET	METHYLPHENIDATE 10MG TABLET
AMPHETAMINE SULFATE 10MG TABLET	METHYLPHENIDATE 10MG/5ML SOL
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG TABLET	METHYLPHENIDATE 2.5 MG CHEW TB
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 12.5MG TABLET	METHYLPHENIDATE 20MG TABLET
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 15MG TABLET	METHYLPHENIDATE 5 MG CHEW TB
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG TABLET	METHYLPHENIDATE 5MG TABLET
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG TABLET	METHYLPHENIDATE 5MG/5ML SOL
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG TABLET	PROCENTRA 5MG/5ML SOLUTION
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 7.5MG TABLET	RITALIN 10MG TABLET
DESOXYN 5MG TABLET	RITALIN 20MG TABLET
DEXMETHYLPHENIDATE 10MG TABLET	RITALIN 5MG TABLET
DEXMETHYLPHENIDATE 2.5MG TABLET	ZENZEDI 10MG TABLET
DEXMETHYLPHENIDATE 5MG TABLET	ZENZEDI 15MG TABLET
DEXTROAMPHETAMINE 10MG TABLET	ZENZEDI 2.5MG TABLET
DEXTROAMPHETAMINE 5MG TABLET	ZENZEDI 20MG TABLET
DEXTROAMPHETAMINE 5MG/5ML SOLUTION	ZENZEDI 30MG TABLET
EVEKEO 10MG TABLET	ZENZEDI 5MG TABLET
EVEKEO 5MG TABLET	ZENZEDI 7.5MG TABLET

**1. Coverage Criteria:**

**A. ER Formulations**

1. Requests for all other **ER formulations** will be approved based on the following criteria:

i. One of the following:

- a. The request is for Mydayis and the patient is  $\geq 13$  years of age
- b. The patient is  $\geq 6$  years of age

**-AND-**

ii. One of the following

- a. The patient is  $\leq 18$  years of age
- b. The patient is  $\geq 19$  years of age and one of the following:
  1. The patient has a diagnosis of ADD/ADHD in the last 730 days
  2. The patient has a diagnosis of narcolepsy in the last 730 days and the request is for methylphenidate ER, methylphenidate SR, or dextroamphetamine ER

**Authorization will be issued for 365 days.**

**B. IR Formulations**

1. Requests will be approved based on the following criteria:

i. The patient is  $\geq 3$  years of age

**-AND-**

ii. One of the following

- a. The patient is  $\leq 18$  years of age
- b. The patient is  $\geq 19$  years of age and has one of the following:
  1. The patient has a diagnosis of ADD/ADHD in the last 730 days
  2. The patient has a diagnosis of narcolepsy in the last 730 days and the request is not for dexmethylphenidate or methamphetamine

**Authorization will be issued for 365 days.**

Program	Program type – Prior Authorization
<b>Change Control</b>	
Date	Change
9/2018	New policy created for Texas based on PDL PA requirements by state
10/15/2019	<ol style="list-style-type: none"> <li>1. Removed PDL-PA criteria for non-preferred review, which is achieved via Non-Preferred Drugs Policy.</li> <li>2. Added age criteria for Mydayis.</li> <li>3. Revised Drugs Requiring Prior Authorization drug tables formatting.</li> <li>4. Added Jornay PM to drug table in ER Formulations</li> </ol>