



Drug Coverage Policy

Effective Date.....05/15/2026
 Coverage Policy Number.....IP0477
 Policy Title.....Attention Deficit
 Hyperactivity Disorder (ADHD)
 Stimulant Medications for Employer
 Plans

Attention Deficit Hyperactivity Disorder (ADHD) Stimulant Medications for Employer Plans

Stimulant	Product	Manufacturer
Amphetamine	Adderall® (dextroamphetamine sulfate, dextroamphetamine saccharate, amphetamine sulfate, amphetamine aspartate immediate-release tablets)	Teva, generic
	Adderall XR® (mixed amphetamine salts [dextroamphetamine sulfate, dextroamphetamine saccharate, amphetamine sulfate, amphetamine aspartate] extended-release capsules)	Takeda, generic
	Adzenys XR-ODT™ (amphetamine extended-release orally disintegrating tablets)	Neos, generic
	Desoxyn® (methamphetamine tablets)	Recordati, generic
	dextroamphetamine sulfate tablets	Generic only
	Dexedrine® Spansules® (dextroamphetamine sustained-release capsules)	Amneal, generic
	Dyanavel® XR (amphetamine extended-release tablets and oral suspension)	Tris
	Evekeo™ (amphetamine sulfate tablets)	Arbor
	Evekeo ODT™ (amphetamine sulfate orally disintegrating tablets) [discontinued as of 4/3/2024]	Arbor
	Mydayis™ (mixed salts of a single-entity amphetamine product extended-release capsules)	Takeda, generic
	Procentra® (dextroamphetamine sulfate liquid)	FSC Laboratories, generic
	Xelstrym™ (dextroamphetamine transdermal system)	Noven
	Zenzedi™ (dextroamphetamine tablets)	Arbor
Lisdexamfetamine	Vyvanse® (lisdexamfetamine dimesylate capsules and chewable tablets)	Shire, generic
Methylphenidate	Aptensio XR® (methylphenidate extended-release capsules)	Rhodes, generic

Azstarys™ (serdexmethylphenidate and dexmethylphenidate capsules)	Corium
Concerta® (methylphenidate extended-release tablets)	Janssen, generic
Cotempla XR-ODT™ (methylphenidate extended-release orally disintegrating tablets)	Neos
Daytrana® (methylphenidate transdermal system)	Noven, generic
Focalin® (dexmethylphenidate immediate-release tablets)	Novartis, generic
Focalin® XR (dexmethylphenidate extended-release capsules)	Novartis, generic
Jornay PM™ (methylphenidate hydrochloride extended-release capsules)	Ironshore
Metadate® CD (methylphenidate extended-release capsules)	Lannett, generic
Methylin® (methylphenidate tablets, chewable tablets, and oral solution)	Shionogi, generic
methylphenidate extended-release capsules (generic to discontinued Methylin™ ER)	Generic only
QuilliChew ER™ (methylphenidate extended-release chewable tablets)	Pfizer
Quillivant™ XR (methylphenidate extended-release oral suspension)	Pfizer
Relexxii® (methylphenidate extended-release tablets)	Vertical, authorized generic
Ritalin® (methylphenidate immediate-release tablets)	Novartis, generic
Ritalin® LA (methylphenidate extended-release capsules)	Novartis, generic
Ritalin SR® (methylphenidate sustained-release tablets)	Novartis, generic

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific

circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

The central nervous system (CNS) stimulant medications in this policy are indicated for the following uses:^{1-24,43,44,48-54}

- **Attention deficit hyperactivity disorder (ADHD)**, treatment. All of the stimulant medications in this policy are indicated for the treatment of ADHD.
- **Binge eating disorder**, treatment. Vyvanse is the only stimulant medication indicated for the treatment of binge eating disorder.
- **Narcolepsy**, treatment. Several methylphenidate and amphetamine-containing products are also indicated for the treatment of narcolepsy.
- **Exogenous obesity**, treatment. Evekeo is indicated as adjunctive therapy for the short-term (i.e., a few weeks) treatment of exogenous obesity.

Dextroamphetamine sulfate tablets, Zenzedi, and Adderall (generic) are indicated in patients ≥ 3 years of age; the other products are indicated in patients ≥ 6 years of age, except for Mydayis which is indicated in patients ≥ 13 years of age.^{1,2,6,19,43} Adderall XR (generic), Adzenys ER, Adzenys XR-ODT, Concerta (generic), Mydayis, Vyvanse, Xelstrym, and several methylphenidate products are indicated for use in adults with ADHD.^{2,5,9,24,43,48,54} Jornay PM is the only stimulant taken in the evening.⁴⁹

Other Uses with Supportive Evidence

Idiopathic hypersomnia: A condition similar to narcolepsy, idiopathic hypersomnia is characterized by constant or recurrent daytime sleepiness with no other cause of sleepiness, prolonged nocturnal sleep, difficulty awakening with sleep drunkenness, and long unrefreshing naps with no history of cataplexy.²⁹⁻³²

Guidelines

Narcolepsy and other hypersomnias: The practice parameters from the American Academy of Sleep Medicine for the treatment of central disorders of hypersomnolence (2021) state that dextroamphetamine and methylphenidate, in addition to other wakefulness-promoting agents, are effective for treatment of daytime sleepiness due to narcolepsy.²⁵ The parameters also state that methylphenidate, in addition to other agents, may be effective for the treatment of daytime sleepiness due to idiopathic hypersomnia. As there may be underlying causes/behaviors associated with excessive daytime sleepiness, a sleep specialist physician has the training to correctly recognize and diagnose this condition.

Major depressive disorder (MDD): The 2010 American Psychiatric Association practice guidelines for the treatment of patients with MDD state that many clinicians find augmentation of antidepressants with low doses of stimulants such as methylphenidate or dextroamphetamine may help ameliorate otherwise suboptimally responsive depression, although not all clinical trials have shown benefits from this strategy.²⁶ There are no clear guidelines regarding the length of time stimulants should be co-administered. A 16-week randomized, double-blind, placebo-controlled

trial in older outpatients with major depression (mean age of 70 years) [n = 143] found that combined treatment with citalopram and methylphenidate demonstrated an enhanced clinical response profile in mood and well-being, as well as a higher rate of remission, compared with either drug alone.⁴⁵

Cancer-related fatigue: The National Comprehensive Cancer Network (NCCN) guidelines on cancer-related fatigue (version 2.2025 – January 14, 2025) state to consider use of psychostimulants (i.e., methylphenidate) in consideration of other modifiable causes.²⁷ The NCCN guidelines on adult cancer pain (version 2.2025 – May 21, 2025) state that sedation may hinder the achievement of dose titration of opioids to levels that provide adequate analgesia.²⁸ If opioid-induced sedation develops, it may be managed by administration of a psychostimulant, such as methylphenidate, dextroamphetamine, modafinil, armodafinil, or by adding caffeine. A meta-analysis of treatments for fatigue associated with palliative care showed a superior effect for methylphenidate in cancer-related fatigue.⁴⁶ A review of methylphenidate for cancer-related fatigue found a small but significant improvement in fatigue over placebo (P = 0.005).⁴⁷

When prior authorization applies, the diagnostic criteria below applies to the Complete Plan only. Not for the Essential or Limited plans.

Coverage Policy

POLICY STATEMENT

Prior Authorization is required for benefit coverage of ADHD stimulant medications. All approvals are provided for the duration noted below.

Attention Deficit Hyperactivity Disorder (ADHD) stimulant products are considered medically necessary when the individual meets ONE of the following (1, 2, 3, 4, 5 or 6):

FDA-Approved Indications

- 1. Attention Deficit Hyperactivity Disorder.** Approve for 1 year if the patient meets the following (A):
 - A.** Preferred Product Criteria is met for the product(s) as listed in the below table(s)
- 2. Binge Eating Disorder.** Approve only Vyvanse (brand or generic) for 1 year if the patient meets BOTH of the following (A and B):
 - A.** The patient is \geq 18 years of age; AND
 - B.** Preferred Product Criteria is met for the product(s) as listed in the below table(s) [brand Vyvanse only]
- 3. Narcolepsy.** Approve for 1 year if the patient meets the following (A):
 - A.** Preferred Product Criteria is met for the product(s) as listed in the below table(s)

Other Uses with Supportive Evidence

- 4. Depression, Adjunctive/Augmentation Treatment in an Adult.** Approve for 1 year if the patient meets BOTH of the following (A and B):
 - A.** The patient is concurrently receiving other medication therapy for depression.
Note: Examples of medications for the treatment of depression include selective serotonin reuptake inhibitors.
 - B.** Preferred Product Criteria is met for the product(s) as listed in the below table(s)

- 5. Fatigue associated with Cancer and/or its Treatment.** Approve for 1 year if the patient meets the following (A):
- A.** Preferred Product Criteria is met for the product(s) as listed in the below table(s)
- 6. Idiopathic Hypersomnolence.** Approve for 1 year if the patient meets BOTH of the following (A and B):
- A.** The diagnosis is confirmed by a sleep specialist physician or at an institution that specializes in sleep disorders (i.e., sleep center).
 - B.** Preferred Product Criteria is met for the product(s) as listed in the below table(s)

Employer Plans:

Product	Criteria
<p>Adderall (amphetamine/ dextroamphetamine salts immediate-release tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <ul style="list-style-type: none"> A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii): <ul style="list-style-type: none"> i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product (amphetamine mixed immediate-release [IR] tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> a. Patient has tried the bioequivalent generic product (amphetamine mixed immediate-release [IR] tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2): <ul style="list-style-type: none"> 1) dexmethylphenidate IR tablets (generic for Focalin); OR 2) methylphenidate IR tablets (generic for Ritalin) <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p> B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii): <ul style="list-style-type: none"> i. Patient has tried the bioequivalent generic product (amphetamine mixed immediate-release [IR] tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic

Product	Criteria
	<p>product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b):</p> <ul style="list-style-type: none"> a. dexmethylphenidate IR tablets (generic for Focalin); OR b. methylphenidate IR tablets (generic for Ritalin) <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p>
<p>Adderall XR (amphetamine/ dextroamphetamine salts extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p>A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <u>(amphetamine mixed extended-release [ER] capsule)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> a. Patient has tried the bioequivalent generic product <u>(amphetamine mixed extended-release [ER] capsule)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2): <ul style="list-style-type: none"> 1) dexmethylphenidate ER capsule (generic for Focalin XR); OR 2) methylphenidate ER capsule (generic for Ritalin LA or generic for Aptensio XR) <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient has tried the bioequivalent generic product <u>(amphetamine mixed extended-release [ER] capsule)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers,

Product	Criteria
	<p>preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b):</p> <ul style="list-style-type: none"> a. dexamethylphenidate ER capsule (generic for Focalin XR); OR b. methylphenidate ER capsule (generic for Ritalin LA or generic for Aptensio XR) <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p>Adzenys XR-ODT (amphetamine extended-release orally disintegrating tablets)</p>	<p><u>Value/Advantage/Total Savings Drug List Plans:</u> The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with BOTH of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> A. amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); AND B. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)
<p>amphetamine extended-release orally disintegrating tablets (generic for Adzenys XR-ODT)</p>	<p>The patient cannot swallow solid oral dosage forms or has difficulty swallowing solid oral dosage forms AND the patient is unable to ingest the prescribed dosage when using a product that can be opened and sprinkled on food</p>
<p>Aptensio XR (methylphenidate extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <ul style="list-style-type: none"> A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii): <ul style="list-style-type: none"> i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <u>(methylphenidate extended-release [ER] capsule)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> a. Patient has tried the bioequivalent generic product <u>(methylphenidate extended-release [ER] capsule)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND

Product	Criteria
	<p>b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2):</p> <p>1) amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p>2) lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p>B. Patient is \geq 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p>i. Patient has tried the bioequivalent generic product <u>(methylphenidate extended-release [ER] capsule)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b):</p> <p>a. amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p>b. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p>Azstarys (serdexmethylphenidate and dexmethylphenidate capsules)</p>	<p><u>Standard/Performance/Legacy Drug List Plans:</u> Covered as a non-preferred brand [step therapy may apply]</p> <p><u>Value/Advantage/Total Savings Drug List Plans:</u> The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with BOTH of the following (A <u>and</u> B):</p> <p>A. dexmethylphenidate ER capsules (generic for Focalin XR); AND</p> <p>B. methylphenidate ER capsules (generic for Aptensio XR)</p>
<p>Concerta (methylphenidate extended-release tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p>A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <p>i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <u>(methylphenidate extended-release [ER] tablet)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic</p>

Product	Criteria
	<p>product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR</p> <p>ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p>a. Patient has tried the bioequivalent generic product <u>(methylphenidate extended-release [ER] tablet)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2):</p> <p>1) amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p>2) lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p>B. Patient is \geq 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p>i. Patient has tried the bioequivalent generic product <u>(methylphenidate extended-release [ER] tablet)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b):</p> <p>a. amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p>b. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p>Cotempla XR ODT (methylphenidate extended-release orally disintegrating tablets)</p>	<p><u>Standard/Performance/Value/Advantage/Total Savings/Drug List Plans:</u></p> <p>The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with BOTH of the following (A <u>and</u> B):</p> <p>A. dexmethylphenidate ER (generic for Focalin XR); AND</p>

Product	Criteria
	<p>B. methylphenidate ER capsules (generic for Aptensio XR)</p>
<p>Desoxyn (methamphetamine tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p>A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product (methamphetamine tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> a. Patient has tried the bioequivalent generic product (methamphetamine tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2): <ul style="list-style-type: none"> 1) dexamethylphenidate IR tablets (generic for Focalin); OR 2) methylphenidate IR tablets (generic for Ritalin) <p>Note: Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient has tried the bioequivalent generic product (methamphetamine tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a. dexamethylphenidate IR tablets (generic for Focalin); OR b. methylphenidate IR tablets (generic for Ritalin) <p>Note: Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>

Product	Criteria
<p>Dexedrine (dextroamphetamine sustained-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p>A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product (dextroamphetamine sustained-release capsule) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> a. Patient has tried the bioequivalent generic product (dextroamphetamine sustained-release capsule) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2): <ul style="list-style-type: none"> 1) dexmethylphenidate ER capsule (generic for Focalin XR); OR 2) methylphenidate ER capsule (generic for Ritalin LA or generic for Aptensio XR) <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient has tried the bioequivalent generic product (dextroamphetamine sustained-release capsule) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a. dexmethylphenidate ER capsule (generic for Focalin XR); OR

Product	Criteria
	<p>b. methylphenidate ER capsule (generic for Ritalin LA or generic for Aptensio XR) <u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p>Dyanavel XR (amphetamine extended-release oral suspension)</p>	<p><u>Value/Advantage/Total Savings Drug List Plans:</u> The patient meets ONE of the following (1 <u>or</u> 2):</p> <ol style="list-style-type: none"> 1. The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ALL of the following (A, B, <u>and</u> C): <ol style="list-style-type: none"> A. amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); AND B. amphetamine ER ODT tablets (generic for Adzenys XR ODT); AND C. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse); OR 2. The patient cannot swallow solid oral dosage forms or has difficulty swallowing solid oral dosage forms AND the patient is unable to ingest the prescribed dosage when using a product that can be opened and sprinkled on food, AND the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine ER ODT tablets (generic for Adzenys XR ODT)
<p>Dyanavel XR (amphetamine extended-release oral tablets [may be chewed])</p>	<p><u>Value/Advantage/Total Savings Drug List Plans:</u> The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ALL of the following (A, B, <u>and</u> C):</p> <ol style="list-style-type: none"> A. amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); AND B. amphetamine ER ODT tablets (generic for Adzenys XR ODT); AND C. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)
<p>Evekeo (amphetamine sulfate immediate-release tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <ol style="list-style-type: none"> A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii): <ol style="list-style-type: none"> i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product (amphetamine sulfate immediate-release tablets) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ol style="list-style-type: none"> a. Patient has tried the bioequivalent generic product (amphetamine sulfate immediate-release tablets) AND cannot take due to a formulation difference in the inactive

Product	Criteria
	<p>ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2):</p> <p>1) dexmethylphenidate IR tablets (generic for Focalin); OR</p> <p>2) methylphenidate IR tablets (generic for Ritalin)</p> <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p>i. Patient has tried the bioequivalent generic product (amphetamine sulfate immediate-release tablets) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b):</p> <p>a. dexmethylphenidate IR tablets (generic for Focalin); OR</p> <p>b. methylphenidate IR tablets (generic for Ritalin)</p> <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p>
<p>Evekeo ODT (amphetamine sulfate orally disintegrating tablets)</p>	<p>Value/Advantage/Total Savings Drug List Plans:</p> <p>Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ALL of the following (A, B, <u>and</u> C):</p> <p>A. amphetamine immediate-release tablets (generic for Evekeo); AND</p> <p>B. dextroamphetamine/amphetamine (generic for Adderall); AND</p> <p>C. dextroamphetamine sulfate (generic for Zenzedi)</p>
<p>Focalin (dexmethylphenidate immediate-release tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p>A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <p>i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product (dexmethylphenidate immediate-release tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic</p>

Product	Criteria
	<p>product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR</p> <p>ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p>a. Patient has tried the bioequivalent generic product (dexamethylphenidate immediate-release tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1, 2 <u>or</u> 3):</p> <p>1) amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</p> <p>2) dextroamphetamine sulfate (generic for Zenzedi); OR</p> <p>3) methamphetamine (generic for Desoxyn)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p>i. Patient has tried the bioequivalent generic product (dexamethylphenidate immediate-release tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a, b <u>or</u> c):</p> <p>a. amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</p> <p>b. dextroamphetamine sulfate (generic for Zenzedi); OR</p> <p>c. methamphetamine (generic for Desoxyn)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p>Focalin XR (dexamethylphenidate extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p>A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <p>i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product (dexamethylphenidate extended-release capsule) AND</p>

Product	Criteria
	<p>cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR</p> <p>ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p>a. Patient has tried the bioequivalent generic product <u>(dexmethylphenidate extended-release capsule)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2):</p> <p>1) amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p>2) lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p>i. Patient has tried the bioequivalent generic product <u>(dexmethylphenidate extended-release capsule)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b):</p> <p>a. amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p>b. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p>Jornay PM (methylphenidate)</p>	<p>The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with BOTH of the following (A <u>and</u> B):</p>

Product	Criteria
extended-release capsules)	<p>A. dexamethylphenidate ER (generic for Focalin XR); AND</p> <p>B. methylphenidate ER capsules (generic for Aptensio XR)</p>
<p>Metadate CD (methylphenidate hydrochloride extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p>A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product (methylphenidate extended-release capsule) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> a. Patient has tried the bioequivalent generic product (methylphenidate extended-release capsule) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2): <ul style="list-style-type: none"> 1) amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR 2) lisdexamfetamine capsules or chewable tablets (generic for Vyvanse) <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient has tried the bioequivalent generic product (methylphenidate extended-release capsule) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b):

Product	Criteria
	<ul style="list-style-type: none"> a. amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR b. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse) <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p>Methylin (methylphenidate immediate-release oral solution)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p>A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <u>(methylphenidate immediate-release oral solution)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> a. Patient has tried the bioequivalent generic product <u>(methylphenidate immediate-release oral solution)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1, 2 <u>or</u> 3): <ul style="list-style-type: none"> 1) amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR 2) dextroamphetamine sulfate (generic for Zenzedi); OR 3) methamphetamine (generic for Desoxyn) <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient has tried the bioequivalent generic product <u>(methylphenidate immediate-release oral solution)</u> AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND

Product	Criteria
	<p>ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a, b <u>or</u> c):</p> <ul style="list-style-type: none"> a. amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR b. dextroamphetamine sulfate (generic for Zenzedi); OR c. methamphetamine (generic for Desoxyn) <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p>methylphenidate extended-release 45mg, 63mg, 72 mg tablets</p>	<p>The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with BOTH of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> A. dexmethylphenidate extended-release capsules (generic for Focalin XR); AND B. methylphenidate extended-release capsules (generic for Aptensio XR)
<p>Mydayis (mixed salts of a single-entity amphetamine product extended-release capsules)</p>	<p><u>Value/Advantage/Total Savings Drug List Plans:</u> The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with BOTH of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> A. amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); AND B. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)
<p>Quillichew ER (methylphenidate extended-release chewable tablets)</p>	<p><u>Value/Advantage/Total Savings Drug List Plans:</u> The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with BOTH of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> A. dexmethylphenidate ER (generic for Focalin XR); AND B. methylphenidate ER capsules (generic for Aptensio XR)
<p>Quillivant XR (methylphenidate extended-release oral suspension)</p>	<p>The patient cannot swallow solid oral dosage forms or has difficulty swallowing solid oral dosage forms AND the patient is unable to ingest the prescribed dosage when using a product that can be opened and sprinkled on food.</p>
<p>Relexxii (methylphenidate extended-release tablets)</p>	<p>The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with BOTH of the following (A <u>and</u> B):</p> <ul style="list-style-type: none"> A. dexmethylphenidate extended-release capsules (generic for Focalin XR); AND B. methylphenidate extended-release capsules (generic for Aptensio XR)
<p>Ritalin (methylphenidate immediate-release tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <ul style="list-style-type: none"> A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii): <ul style="list-style-type: none"> i. <u>Initial Therapy</u> (patient is new to ADHD stimulant therapy) and the patient has tried the bioequivalent generic product (methylphenidate immediate-release tablet) AND cannot

Product	Criteria
	<p>take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR</p> <p>ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p>a. Patient has tried the bioequivalent generic product (methylphenidate immediate-release tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1, 2 <u>or</u> 3):</p> <p>1) amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</p> <p>2) dextroamphetamine sulfate (generic for Zenzedi)</p> <p>3) methamphetamine (generic for Desoxyn); OR</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p>i. Patient has tried the bioequivalent generic product (methylphenidate immediate-release tablet) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND</p> <p>ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a, b <u>or</u> c):</p> <p>a. amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</p> <p>b. dextroamphetamine sulfate (generic for Zenzedi); OR</p> <p>c. methamphetamine (generic for Desoxyn)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p>Ritalin LA (methylphenidate)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p>A. Patient is < 18 years of age and meets ONE of the following (i <u>or</u> ii):</p>

Product	Criteria
extended-release capsules)	<ul style="list-style-type: none"> i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product (methylphenidate extended-release capsule) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> a. Patient has tried the bioequivalent generic product (methylphenidate extended-release capsule) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2): <ul style="list-style-type: none"> 1) amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR 2) lisdexamfetamine capsules or chewable tablets (generic for Vyvanse) <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> i. Patient has tried the bioequivalent generic product (methylphenidate extended-release capsule) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; AND ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> a. amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR b. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse) <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>

Product	Criteria
Vyvanse capsules (lisdexamfetamine dimesylate)	Patient meets ONE of the following (A <u>or</u> B): A. Patient has tried the bioequivalent generic product (<u>lisdexamfetamine capsules</u>) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR B. Patient is currently receiving Vyvanse capsules
Vyvanse chewable tablets (lisdexamfetamine dimesylate)	Patient meets ONE of the following (A <u>or</u> B): A. Patient has tried the bioequivalent generic product (<u>lisdexamfetamine chewable tablets</u>) AND cannot take due to a formulation difference in the inactive ingredient(s) [for example, difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction; OR B. Patient is currently receiving Vyvanse chewable tablets
Xelstrym (dextroamphetamine transdermal system)	The patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ALL of the following (A, B, <u>and</u> C): A. amphetamine mixed extended-release (ER) capsules; AND (generic for Adderall XR) B. dextroamphetamine ER capsules (generic for Dexedrine); AND C. lisdexamfetamine capsules or chewable tablets (generic for Vyvanse)
Zenzedi (dextroamphetamine tablets)	Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ALL of the following (A, B, <u>and</u> C): A. amphetamine (generic for Evekeo) B. dextroamphetamine/amphetamine (generic for Adderall) C. dextroamphetamine sulfate (generic for Zenzedi)

Conditions Not Covered

Attention Deficit Hyperactivity Disorder (ADHD) stimulants for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

- 1. Fatigue associated with Multiple Sclerosis (MS).** There are no published studies supporting this use. In addition, neither recent review articles nor the 2021 practice parameters for the treatment of narcolepsy and other hypersomnias of central origin mention stimulants (only modafinil is mentioned). Practice parameters for the treatment of narcolepsy and other hypersomnias of central origin, updated in 2021, state that modafinil may be effective for the treatment of daytime sleepiness due to multiple sclerosis.²⁵ Agents that have been studied for the treatment of fatigue due to multiple sclerosis include amantadine, modafinil, and methylphenidate; these medications were not superior to placebo for this use.⁴¹

2. **Long-term Combination Therapy (i.e., > 2 months) with atomoxetine capsules (Strattera, generic).** Currently, data do not support using Strattera and CNS stimulant medications concomitantly.⁴² Short-term drug therapy (≤ 2 months) with both atomoxetine and CNS stimulant medications is allowed for transitioning the patient to only one drug. Guanfacine extended-release tablets (Intuniv[®], generic) and clonidine extended-release tablets (Kapvay[®], generic) are indicated for use as monotherapy, or as adjunctive therapy to CNS stimulant medications; therefore, long-term combination therapy with either agent and CNS stimulants is appropriate.^{33,34}
3. **Neuroenhancement.** The use of prescription medication to augment cognitive or affective function in otherwise healthy individuals (also known as neuroenhancement) is increasing in adult and pediatric populations.³⁵ A 2013 Ethics, Law, and Humanities Committee position paper, endorsed by the American Academy of Neurology indicates that based on available data and the balance of ethics issues, neuroenhancement in legally and developmentally non-autonomous children and adolescents without a diagnosis of a neurologic disorder is not justifiable. In nearly autonomous adolescents, the fiduciary obligation of the physician may be weaker, but the prescription of neuroenhancements is inadvisable due to numerous social, developmental, and professional integrity issues.
4. **Weight Loss.** Of the CNS stimulants, only amphetamine sulfate tablets (e.g., Evekeo tablets) are indicated for exogenous obesity, as a short-term (i.e., a few weeks) adjunct in a regimen of weight reduction based on caloric restriction, for patients in whom obesity is refractory to alternative therapy (e.g., repeated diets, group programs, and other drugs).²⁰ However, guidelines on the management of obesity do not address or recommend use of amphetamine (or any other CNS stimulants).³⁶⁻⁴⁰

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53. Azstarys™ capsules [prescribing information]. Grand Rapids, MI: Corium; October 2023.
54. Xelstrym® transdermal system [prescribing information]. Miami, FL: Noven; October 2023.

Revision Details

Summary of Changes	Review Date	Effective Date
<p>Vyvanse capsules Updated the preferred product requirements to multi-source brand criteria. Extended the preferred product criteria to the Standard, Performance and Legacy formularies.</p> <p>Vyvanse chewable tablets Updated the preferred product requirements to multi-source brand criteria. Extended the preferred product criteria to the Standard, Performance and Legacy formularies.</p>	05/29/2025	07/01/2025

Updated the preferred product requirements for Adderall, Adderall XR, Adhansia XR, Adzenys XR-ODT, Aptensio XR, Concerta, Cotempla XR ODT, Desoxyn, Dexedrine, Dyanavel XR, Evekeo, Evekeo ODT, Focalin, Focalin XR, Jornay PM, Methylin, Mydayis, Ritalin, Ritalin LA, Xelstryl and Zenzedi.		
Updated the Adderall immediate-release tablets and Evekeo immediate-release tablets preferred product requirements.	11/06/2025	01/01/2026
Added amphetamine extended-release orally disintegrating tablets (generic for Adzenys XR-ODT) to the policy.	01/08/2026	02/15/2026
<p>Added a policy statement.</p> <p>Removed the documentation statement and documentation requirements.</p> <p>Removed Adhansia XR from the policy.</p> <p>Updated the preferred product requirements for Adderall, Adderall XR, Adzenys XR-ODT, amphetamine extended-release orally disintegrating tablets (generic for Adzenys XR-ODT), Aptensio XR, Azstarys, Concerta, Cotempla XR ODT, Desoxyn, Dexedrine, Dyanavel XR, Evekeo, Evekeo ODT, Focalin, Focalin XR, Jornay PM, metadate CD, Methylin, methylphenidate extended-release 45mg, 63mg, 72 mg tablets, Mydayis, Quillichew ER, Quillivant XR, Relexxii, Ritalin, Ritalin LA, Xelstryl and Zenzedi.</p> <p>Conditions Not Covered: Under Long-Term Combination Therapy (i.e., > 2 months) with atomoxetine capsules (Strattera, generic), the phrase "and Central Nervous System (CNS) Stimulants for the treatment of Attention Deficit/Hyperactivity Disorder (e.g., mixed amphetamine salts extended-release capsules [Adderall XR®, generics], methylphenidate extended-release tablets, methylphenidate immediate-release tablets)" was removed for clarity.</p>	03/26/2026	05/15/2026

The policy effective date is in force until updated or retired.

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