



## Drug Coverage Policy

Effective Date .....05/15/2026  
 Coverage Policy Number.....IP0584  
 Policy Title.....Attention Deficit  
 Hyperactivity Disorder (ADHD)  
 Stimulant Medications for Individual  
 and Family Plans

# Attention Deficit Hyperactivity Disorder (ADHD) Stimulant Medications for Individual and Family Plans

Stimulant	Product	Manufacturer
<b>Amphetamine</b>	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
	Xelstry™ (dextroamphetamine transdermal system)	Noven
	Zenzedi™ (dextroamphetamine tablets)	Arbor
<b>Lisdexamfetamine</b>	Vyvanse® (lisdexamfetamine dimesylate capsules and chewable tablets)	Shire, generic
<b>Methylphenidate</b>	Aptensio XR® (methylphenidate extended-release capsules)	Rhodes, generic

Azstarys™ (serdexmethylphenidate and dexamethylphenidate 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® (dexamethylphenidate immediate-release tablets)	Novartis, generic
Focalin® XR (dexamethylphenidate 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:<sup>1-24,43,44,48-54</sup>

- **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  $\geq 3$  years of age; the other products are indicated in patients  $\geq 6$  years of age, except for Mydayis which is indicated in patients  $\geq 13$  years of age.<sup>1,2,6,19,43</sup> 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.<sup>2,5,9,24,43,48,54</sup> Jornay PM is the only stimulant taken in the evening.<sup>49</sup>

## 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.<sup>29-32</sup>

## 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.<sup>25</sup> 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.<sup>26</sup> 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.<sup>45</sup>

**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.<sup>27</sup> 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.<sup>28</sup> 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.<sup>46</sup> A review of methylphenidate for cancer-related fatigue found a small but significant improvement in fatigue over placebo (P = 0.005).<sup>47</sup>

## 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 the following (A):
  - A.** The patient is  $\geq 18$  years of age
- 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)

**Individual and Family Plans**

Product	Criteria
<p><b>Adderall</b> (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"> <li><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii): <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b><u>(amphetamine mixed immediate-release [IR] tablet)</u></b> 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</li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried the bioequivalent generic product <b><u>(amphetamine mixed immediate-release [IR] tablet)</u></b> 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</li> <li><b>b.</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"> <li><b>1)</b> dexmethylphenidate IR tablets (generic for Focalin); OR</li> <li><b>2)</b> methylphenidate IR tablets (generic for Ritalin)</li> </ul> </li> </ul> </li> </ul> <p>Note: Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p> </li> <li><b>B.</b> Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii): <ul style="list-style-type: none"> <li><b>i.</b> Patient has tried the bioequivalent generic product <b><u>(amphetamine mixed immediate-release [IR] tablet)</u></b> 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</li> </ul> </li> </ul>

Product	Criteria
	<p><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b):</p> <ul style="list-style-type: none"> <li><b>a.</b> dexamethylphenidate IR tablets (generic for Focalin); OR</li> <li><b>b.</b> methylphenidate IR tablets (generic for Ritalin)</li> </ul> <p>Note: Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p><b>Adderall XR</b> (amphetamine/ dextroamphetamine salts extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b>(amphetamine mixed extended-release [ER] capsule)</b> 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</li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried the bioequivalent generic product <b>(amphetamine mixed extended-release [ER] capsule)</b> 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</li> <li><b>b.</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"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> </li> </ul> </li> </ul> <p><b>B.</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"> <li><b>i.</b> Patient has tried the bioequivalent generic product <b>(amphetamine mixed extended-release [ER] capsule)</b> 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</li> </ul>

Product	Criteria
	<p><b>ii.</b> 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p><b>Adzenys XR-ODT</b> (amphetamine extended-release orally disintegrating tablets)</p>	<p><b>Adzenys XR-ODT is considered medically necessary when the individual meets ONE of the following (1 <u>or</u> 2):</b></p> <ol style="list-style-type: none"> <li><b>1.</b> 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; OR</li> <li><b>2.</b> Patient meets ONE of the following (A <u>or</u> B): <ul style="list-style-type: none"> <li><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii): <ol style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); OR</li> <li><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy and</u> meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> <li><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); AND</li> <li><b>b.</b> Patient has tried and, according to the prescriber, experienced inadequate efficacy OR significant intolerance with ONE of the following (1 <u>or</u> 2): <ol style="list-style-type: none"> <li><b>1)</b> dexamethylphenidate ER capsules (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsules (generic for Ritalin LA)</li> </ol> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> </li> </ul> </li> </ol> </li> <li><b>B.</b> Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii): <ol style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); AND</li> <li><b>ii.</b> Patient has tried and, according to the prescriber, experienced inadequate efficacy OR significant intolerance with ONE of the following (a <u>or</u> b): <ul style="list-style-type: none"> <li><b>a.</b> dexamethylphenidate ER capsules (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsules (generic for Ritalin LA)</li> </ul> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> </li> </ol> </li> </ul> </li> </ol>
<p><b>Amphetamine</b> extended-release orally disintegrating tablet</p>	<p><b>Amphetamine extended-release orally disintegrating tablet (generic for Adzenys XR-ODT) is considered medically necessary when the individual meets ONE of the following (1 <u>or</u> 2):</b></p>

Product	Criteria
(generic for Adzenys XR-ODT)	<p><b>1.</b> 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; OR</p> <p><b>2.</b> Patient meets ONE of the following (A or B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i or ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); OR</li> <li><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a and b): <ul style="list-style-type: none"> <li><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); AND</li> <li><b>b.</b> Patient has tried and, according to the prescriber, experienced inadequate efficacy OR significant intolerance with ONE of the following (1 or 2): <ul style="list-style-type: none"> <li><b>1)</b> dexmethylphenidate ER capsules (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsules (generic for Ritalin LA) Note: Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</li> </ul> </li> </ul> </li> </ul> <p><b>B.</b> Patient is ≥ 18 years of age and meets BOTH of the following (i and ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsules (generic for Adderall XR); AND</li> <li><b>ii.</b> Patient has tried and, according to the prescriber, experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b): <ul style="list-style-type: none"> <li><b>a.</b> dexmethylphenidate ER capsules (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsules (generic for Ritalin LA) Note: Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</li> </ul> </li> </ul>
<b>Aptensio XR</b> (methylphenidate extended-release capsules)	<p>Patients meets ONE of the following (A or B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i or ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b): <ul style="list-style-type: none"> <li><b>a.</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> </ul>

Product	Criteria
	<p><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <ul style="list-style-type: none"> <li><b>a.</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"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)  <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</li> </ul> <p><b>B.</b> Patient is <math>\geq</math> 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)  <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</li> </ul>
<p><b>Azstarys</b> (serdexmethylphenidate and dexamethylphenidate capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>ii.</b> <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"> <li><b>a.</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"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> </ul> </li> </ul>

Product	Criteria
	<p><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)  <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p><b>B.</b> Patient is <math>\geq</math> 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p><b>i.</b> 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><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</p> <p><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</p> <p><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)  <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p><b>Concerta</b>  (methylphenidate extended-release tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <p><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b>(methylphenidate extended-release [ER] tablet)</b> 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</p> <p><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p><b>a.</b> Patient has tried the bioequivalent generic product <b>(methylphenidate extended-release [ER] tablet)</b> 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>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)  <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>

Product	Criteria
	<p><b>B.</b> Patient is <math>\geq</math> 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient has tried the bioequivalent generic product <b>(methylphenidate extended-release [ER] tablet)</b> 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</li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR) <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</li> </ul>
<p><b>Cotempla XR ODT</b> (methylphenidate extended-release orally disintegrating tablets)</p>	<p><b>Cotempla XR ODT is considered medically necessary when the individual meets ONE of the following (1 <u>or</u> 2):</b></p> <ul style="list-style-type: none"> <li><b>1.</b> 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; OR</li> <li><b>2.</b> Patients meets ONE of the following (A <u>or</u> B): <ul style="list-style-type: none"> <li><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii): <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR): OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>ii.</b> <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"> <li><b>a.</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"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance amphetamine mixed extended-release (ER) capsule (generic for Adderall XR) <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</li> </ul> </li> </ul> </li> </ul> </li> </ul>

Product	Criteria
	<p><b>B.</b> Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</li> </ul> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p><b>Daytrana</b> (methylphenidate transdermal system/patch)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is <math>&lt; 18</math> years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>ii.</b> <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"> <li><b>a.</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"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</li> </ul> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> </li> </ul> <p><b>B.</b> Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> </ul>

Product	Criteria
	<p><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)  <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p><b>Desoxyn</b>  (methamphetamine tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <p><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b>(methamphetamine tablet)</b> 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</p> <p><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p><b>a.</b> Patient has tried the bioequivalent generic product <b>(methamphetamine tablet)</b> 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>b.</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><b>1)</b> dexamethylphenidate IR tablets (generic for Focalin); OR</p> <p><b>2)</b> methylphenidate IR tablets (generic for Ritalin)  <u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> <p><b>B.</b> Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p><b>i.</b> Patient has tried the bioequivalent generic product <b>(methamphetamine tablet)</b> 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>ii.</b> 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><b>a.</b> dexamethylphenidate IR tablets (generic for Focalin); OR</p> <p><b>b.</b> methylphenidate IR tablets (generic for Ritalin)</p>

Product	Criteria
	<p>Note: Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p><b>Dexedrine</b> (dextroamphetamine sustained-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b>(dextroamphetamine sustained-release capsule)</b> 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</li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried the bioequivalent generic product <b>(dextroamphetamine sustained-release capsule)</b> 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</li> <li><b>b.</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"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> </li> </ul> </li> </ul> <p><b>B.</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"> <li><b>i.</b> Patient has tried the bioequivalent generic product <b>(dextroamphetamine sustained-release capsule)</b> 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</li> <li><b>ii.</b> 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> </ul> </li> </ul>

Product	Criteria
	<p><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)  <u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p><b>dextroamphetamine sulfate</b> immediate-release tablets 2.5mg, 7.5mg, 15mg, 20mg, 30mg</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b): <ul style="list-style-type: none"> <li><b>a.</b> amphetamine (generic for Evekeo); OR</li> <li><b>b.</b> <u>amphetamine mixed immediate-release [IR] tablet</u> (generic for Adderall)</li> </ul> </li> <li><b>ii.</b> <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"> <li><b>a.</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"> <li><b>1)</b> amphetamine (generic for Evekeo); OR</li> <li><b>2)</b> <u>amphetamine mixed immediate-release [IR] tablet</u> (generic for Adderall)</li> </ul> </li> <li><b>b.</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"> <li><b>1)</b> dexamethylphenidate IR tablets (generic for Focalin); OR</li> <li><b>2)</b> methylphenidate IR tablets (generic for Ritalin)  <u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</li> </ul> </li> </ul> </li> </ul> <p><b>B.</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"> <li><b>i.</b> 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"> <li><b>a.</b> amphetamine (generic for Evekeo); OR</li> <li><b>b.</b> <u>amphetamine mixed immediate-release [IR] tablet</u> (generic for Adderall)</li> </ul> </li> <li><b>ii.</b> 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"> <li><b>a.</b> dexamethylphenidate IR tablets (generic for Focalin); OR</li> <li><b>b.</b> methylphenidate IR tablets (generic for Ritalin)  <u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</li> </ul> </li> </ul>
<p><b>Dyanavel XR</b>  (amphetamine extended-release oral suspension)</p>	<p><b>Dyanavel XR ODT is considered medically necessary when the individual meets ONE of the following (1 <u>or</u> 2):</b></p>

Product	Criteria
	<ol style="list-style-type: none"> <li>1. 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; OR</li> <li>2. Patients meets ONE of the following (A <u>or</u> B): <ol style="list-style-type: none"> <li>A. Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii): <ol style="list-style-type: none"> <li>i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</li> <li>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"> <li>a. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li>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): <ol style="list-style-type: none"> <li>1) dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li>2) methylphenidate ER capsule (generic for Ritalin LA)  <u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</li> </ol> </li> </ol> </li> </ol> </li> <li>B. Patient is ≥ 18 years of age and meets BOTH of the following (i <u>and</u> ii): <ol style="list-style-type: none"> <li>i. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li>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): <ol style="list-style-type: none"> <li>a. dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li>b. methylphenidate ER capsule (generic for Ritalin LA)  <u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</li> </ol> </li> </ol> </li> </ol> </li> </ol>
<b>Dyanavel XR</b> (amphetamine extended-release oral tablets [may be chewed])	<b>Dyanavel XR ODT is considered medically necessary when the individual meets ONE of the following (1 <u>or</u> 2):</b> <ol style="list-style-type: none"> <li>1. The patient cannot swallow solid oral dosage forms or has difficulty swallowing solid oral dosage forms AND the patient is unable to ingest the</li> </ol>

Product	Criteria
	<p>prescribed dosage when using a product that can be opened and sprinkled on food; OR</p> <p><b>2.</b> Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li><b>b.</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"> <li><b>1)</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)  <u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</li> </ul> </li> </ul> </li> </ul> <p><b>B.</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"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li><b>ii.</b> 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"> <li><b>a.</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)  <u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</li> </ul> </li> </ul>
<p><b>Evekeo</b> (amphetamine sulfate immediate-release tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b>(amphetamine sulfate immediate-release tablet)</b> AND cannot</li> </ul>

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><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p><b>a.</b> Patient has tried the bioequivalent generic product <b>(amphetamine sulfate immediate-release tablet)</b> 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>b.</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><b>1)</b> dexamethylphenidate IR tablets (generic for Focalin); OR</p> <p><b>2)</b> methylphenidate IR tablets (generic for Ritalin)</p> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> <p><b>B.</b> Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p><b>i.</b> Patient has tried the bioequivalent generic product <b>(amphetamine sulfate immediate-release tablet)</b> 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>ii.</b> 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><b>a.</b> dexamethylphenidate IR tablets (generic for Focalin); OR</p> <p><b>b.</b> methylphenidate IR tablets (generic for Ritalin)</p> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p><b>Evekeo ODT</b> (amphetamine sulfate orally disintegrating tablets)</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><b>A.</b> amphetamine immediate-release tablets (generic for Evekeo); AND</p> <p><b>B.</b> dextroamphetamine/amphetamine (generic for Adderall); AND</p> <p><b>C.</b> dextroamphetamine sulfate (generic for Zenzedi)</p>

Product	Criteria
<p><b>Focalin</b> (dexamethylphenidate immediate-release tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient meets has tried the bioequivalent generic product <b>(dexamethylphenidate immediate-release tablet)</b> 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</li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried the bioequivalent generic product <b>(dexamethylphenidate immediate-release tablet)</b> 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</li> <li><b>b.</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"> <li><b>1)</b> amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</li> <li><b>2)</b> dextroamphetamine sulfate (generic for Zenzedi); OR</li> <li><b>3)</b> methamphetamine (generic for Desoxyn)</li> </ul> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> </li> </ul> </li> </ul> <p><b>B.</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"> <li><b>i.</b> Patient has tried the bioequivalent generic product <b>(dexamethylphenidate immediate-release tablet)</b> 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</li> <li><b>ii.</b> 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): <ul style="list-style-type: none"> <li><b>a.</b> amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</li> <li><b>b.</b> dextroamphetamine sulfate (generic for Zenzedi); OR</li> <li><b>c.</b> methamphetamine (generic for Desoxyn)</li> </ul> </li> </ul>

Product	Criteria
	<p><u>Note</u>: Previous history of use of an amphetamine product would count towards this trial.</p>
<p><b>Focalin XR</b> (dexamethylphenidate extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b><u>(dexamethylphenidate extended-release capsule)</u></b> 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</li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried the bioequivalent generic product <b><u>(dexamethylphenidate extended-release capsule)</u></b> 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</li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</li> </ul> <p><u>Note</u>: Previous history of use of an amphetamine product would count towards this trial.</p> </li> </ul> <p><b>B.</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"> <li><b>i.</b> Patient has tried the bioequivalent generic product <b><u>(dexamethylphenidate extended-release capsule)</u></b> 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</li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</li> </ul> <p><u>Note</u>: Previous history of use of an amphetamine product would count towards this trial.</p>

Product	Criteria
<p><b>Jornay PM</b> (methylphenidate extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>ii.</b> <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"> <li><b>a.</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"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR) <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</li> </ul> </li> </ul> <p><b>B.</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"> <li><b>i.</b> 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR) <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</li> </ul>
<p><b>lisdexamfetamine dimesylate capsules</b></p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</li> <li><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</li> </ul>

Product	Criteria
	<p><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</p> <p><b>b.</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><b>1)</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</p> <p><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</p> <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p> <p><b>B.</b> Patient is <math>\geq</math> 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</p> <p><b>ii.</b> 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><b>a.</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</p> <p><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</p> <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p>
<p><b>lisdexamfetamine dimesylate chewable tablets</b></p>	<p><b>Lisdexamfetamine dimesylate chewable tablets are considered medically necessary when the patient meets ONE of the following (1 <u>or</u> 2):</b></p> <p><b>1.</b> 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; OR</p> <p><b>2.</b> Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <p><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</p>

Product	Criteria
	<p><b>b.</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> <ol style="list-style-type: none"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)  <u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</li> </ol> <p><b>B.</b> Patient is <math>\geq</math> 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ol style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li><b>ii.</b> 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): <ol style="list-style-type: none"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)  <u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</li> </ol> </li> </ol>
<p><b>Metadate CD</b>  (methylphenidate hydrochloride extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ol style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b>(methylphenidate extended-release capsule)</b> 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</li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried the bioequivalent generic product <b>(methylphenidate extended-release capsule)</b> 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</li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance</li> </ol> </li> </ol>

Product	Criteria
	<p>with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</p> <p><u>Note</u>: Previous history of use of an amphetamine product would count towards this trial.</p> <p><b>B.</b> Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient has tried the bioequivalent generic product <b>(methylphenidate extended-release capsule)</b> 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</li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</li> </ul> <p><u>Note</u>: Previous history of use of an amphetamine product would count towards this trial.</p>
<p><b>Methylin</b> (methylphenidate immediate-release oral solution)</p>	<p><b>Methylin is considered medically necessary when the individual meets ONE of the following (1 or 2):</b></p> <ul style="list-style-type: none"> <li><b>1.</b> 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; OR</li> <li><b>2.</b> Patients meets ONE of the following (A or B): <ul style="list-style-type: none"> <li><b>A.</b> Patient is <math>&lt; 18</math> years of age and meets ONE of the following (i or ii): <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b>(methylphenidate immediate-release oral solution)</b> 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</li> <li><b>ii.</b> Patient is <u>currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b): <ul style="list-style-type: none"> <li><b>a.</b> Patient has tried the bioequivalent generic product <b>(methylphenidate immediate-release oral solution)</b> 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</li> </ul> </li> </ul> </li> </ul> </li> </ul>

Product	Criteria
	<p><b>b.</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><b>1)</b> amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</p> <p><b>2)</b> dextroamphetamine sulfate; OR</p> <p><b>3)</b> 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>B.</b> Patient is <math>\geq</math> 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p><b>i.</b> Patient has tried the bioequivalent generic product <b><u>(methylphenidate immediate-release oral solution)</u></b> 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>ii.</b> 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><b>a.</b> amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</p> <p><b>b.</b> dextroamphetamine sulfate; OR</p> <p><b>c.</b> 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>methylphenidate extended-release 45mg, 63mg, 72 mg tablets</b></p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <p><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the 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><b>a.</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</p> <p><b>b.</b> methylphenidate ER capsule (generic for Ritalin)</p> <p><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p><b>a.</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>

Product	Criteria
	<p><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR <b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</p> <p><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR) <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> <p><b>B.</b> Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p><b>i.</b> 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><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR <b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</p> <p><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR) <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p><b>mixed salts of a single-entity amphetamine product extended-release capsules</b> (generic for Mydayis)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is <math>&lt; 18</math> years of age and meets ONE of the following (i <u>or</u> ii):</p> <p><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</p> <p><b>b.</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><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR <b>2)</b> methylphenidate ER capsule (generic for Ritalin LA) <u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>

Product	Criteria
	<p><b>B.</b> Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li><b>ii.</b> 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"> <li><b>a.</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p> </li> </ul>
<p><b>Mydayis</b> (mixed salts of a single-entity amphetamine product extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is <math>&lt; 18</math> years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li><b>b.</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"> <li><b>1)</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> <p><u>Note:</u> Previous history of use of a dexmethylphenidate or methylphenidate product would count towards this trial.</p> </li> </ul> </li> </ul> <p><b>B.</b> Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li><b>ii.</b> 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"> <li><b>a.</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> </ul> </li> </ul>

Product	Criteria
	<p><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)  <u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p><b>Quillichew ER</b>  (methylphenidate extended-release chewable tablets)</p>	<p><b>Quillichew ER is considered medically necessary when the individual meets ONE of the following (1 or 2):</b></p> <ol style="list-style-type: none"> <li><b>1.</b> 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; OR</li> <li><b>2.</b> Patients meets ONE of the following (A or B): <ol style="list-style-type: none"> <li><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i or ii): <ol style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b): <ol style="list-style-type: none"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ol> </li> <li><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a and b): <ol style="list-style-type: none"> <li><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 or 2): <ol style="list-style-type: none"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ol> </li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)  <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</li> </ol> </li> </ol> </li> <li><b>B.</b> Patient is ≥ 18 years of age and meets BOTH of the following (i and ii): <ol style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b): <ol style="list-style-type: none"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ol> </li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with</li> </ol> </li> </ol> </li> </ol>

Product	Criteria
	<p>amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p><b>Quillivant XR</b> (methylphenidate extended-release oral suspension)</p>	<p><b>Quillivant XR is considered medically necessary when the individual meets ONE of the following (1 or 2):</b></p> <ol style="list-style-type: none"> <li><b>1.</b> 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; OR</li> <li><b>2.</b> Patients meets ONE of the following (A or B): <ol style="list-style-type: none"> <li><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i or ii): <ol style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b): <ol style="list-style-type: none"> <li><b>a.</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ol> </li> <li><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a and b): <ol style="list-style-type: none"> <li><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 or 2): <ol style="list-style-type: none"> <li><b>1)</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ol> </li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</li> </ol> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> </li> </ol> </li> <li><b>B.</b> Patient is ≥ 18 years of age and meets BOTH of the following (i and ii): <ol style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b): <ol style="list-style-type: none"> <li><b>a.</b> dexmethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ol> </li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance</li> </ol> </li> </ol> </li> </ol>

Product	Criteria
	<p>with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</p> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p><b>Relexxii</b> (methylphenidate extended-release 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72 mg tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>ii.</b> <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"> <li><b>a.</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"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</li> </ul> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> </li> </ul> <p><b>B.</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"> <li><b>i.</b> 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR)</li> </ul> <p><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p>
<p><b>Ritalin</b> (methylphenidate immediate-release tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p>

Product	Criteria
	<ul style="list-style-type: none"> <li data-bbox="578 260 1544 548">i. <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b>(methylphenidate immediate-release tablet)</b> 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</li> <li data-bbox="578 558 1544 1220">ii. <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a and b): <ul style="list-style-type: none"> <li data-bbox="659 632 1544 884">a. Patient has tried the bioequivalent generic product <b>(methylphenidate immediate-release tablet)</b> 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</li> <li data-bbox="659 894 1544 1220">b. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1, 2 or 3): <ul style="list-style-type: none"> <li data-bbox="708 999 1544 1073">1) amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</li> <li data-bbox="708 1083 1544 1115">2) dextroamphetamine sulfate (generic for Zenzedi); OR</li> <li data-bbox="708 1125 1544 1157">3) methamphetamine (generic for Desoxyn)</li> </ul> <p data-bbox="708 1167 1544 1220"><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> </li> </ul> </li> </ul> <li data-bbox="505 1251 1544 1871">B. Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i and ii): <ul style="list-style-type: none"> <li data-bbox="626 1283 1544 1535">i. Patient has tried the bioequivalent generic product <b>(methylphenidate immediate-release tablet)</b> 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</li> <li data-bbox="626 1545 1544 1871">ii. Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a, b or c): <ul style="list-style-type: none"> <li data-bbox="708 1661 1544 1734">a. amphetamine mixed immediate-release (IR) tablet (generic for Adderall); OR</li> <li data-bbox="708 1745 1544 1776">b. dextroamphetamine sulfate (generic for Zenzedi); OR</li> <li data-bbox="708 1787 1544 1818">c. methamphetamine (generic for Desoxyn)</li> </ul> <p data-bbox="708 1829 1544 1871"><u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</p> </li> </ul> </li>

Product	Criteria
<p><b>Ritalin LA</b> (methylphenidate extended-release capsules)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried the bioequivalent generic product <b>(methylphenidate extended-release capsule)</b> 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</li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried the bioequivalent generic product <b>(methylphenidate extended-release capsule)</b> 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</li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR) <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</li> </ul> </li> </ul> <p><b>B.</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"> <li><b>i.</b> Patient has tried the bioequivalent generic product <b>(methylphenidate extended-release capsule)</b> 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</li> <li><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR) <u>Note:</u> Previous history of use of an amphetamine product would count towards this trial.</li> </ul>
<p><b>Vyvanse capsules</b> (lisdexamfetamine dimesylate)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced</li> </ul>

Product	Criteria
	<p>inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <ul style="list-style-type: none"> <li><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li><b>b.</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"> <li><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> </li> </ul> <p><b>B.</b> Patient is <math>\geq</math> 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li><b>ii.</b> 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> </li> </ul>
<p><b>Vyvanse chewable tablets</b> (lisdexamfetamine dimesylate)</p>	<p><b>Lisdexamfetamine dimesylate chewable tablets are considered medically necessary when the patient meets ONE of the following (1 <u>or</u> 2):</b></p> <ul style="list-style-type: none"> <li><b>1.</b> 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; OR</li> <li><b>2.</b> Patients meets ONE of the following (A <u>or</u> B): <ul style="list-style-type: none"> <li><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii): <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</li> <li><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</li> </ul> </li> </ul> </li> </ul>

Product	Criteria
	<p><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</p> <p><b>b.</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><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</p> <p><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</p> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> <p><b>B.</b> Patient is <math>\geq</math> 18 years of age and meets BOTH of the following (i <u>and</u> ii):</p> <p><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</p> <p><b>ii.</b> 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><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</p> <p><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</p> <p><u>Note:</u> Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p><b>Xelstrym</b> (dextroamphetamine transdermal system)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is &lt; 18 years of age and meets ONE of the following (i <u>or</u> ii):</p> <p><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); OR</p> <p><b>ii.</b> <u>Patient is currently receiving ADHD stimulant therapy</u> and meets BOTH of the following (a <u>and</u> b):</p> <p><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</p> <p><b>b.</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><b>1)</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</p> <p><b>2)</b> methylphenidate ER capsule (generic for Ritalin LA)</p>

Product	Criteria
	<p><u>Note</u>: Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> <p><b>B.</b> Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with amphetamine mixed extended-release (ER) capsule (generic for Adderall XR); AND</li> <li><b>ii.</b> 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"> <li><b>a.</b> dexamethylphenidate ER capsule (generic for Focalin XR); OR</li> <li><b>b.</b> methylphenidate ER capsule (generic for Ritalin LA)</li> </ul> </li> </ul> <p><u>Note</u>: Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>
<p><b>Zenzedi 2.5mg, 7.5mg, 15mg, 20mg, 30mg</b> (dextroamphetamine tablets)</p>	<p>Patients meets ONE of the following (A <u>or</u> B):</p> <p><b>A.</b> Patient is <math>&lt; 18</math> years of age and meets ONE of the following (i <u>or</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> <u>Initial Therapy (patient is new to ADHD stimulant therapy)</u> and the patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b): <ul style="list-style-type: none"> <li><b>a.</b> amphetamine (generic for Evekeo); OR</li> <li><b>b.</b> amphetamine mixed immediate-release [IR] tablet (generic for Adderall)</li> </ul> </li> <li><b>ii.</b> <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"> <li><b>a.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 or 2): <ul style="list-style-type: none"> <li><b>1)</b> amphetamine (generic for Evekeo); OR</li> <li><b>2)</b> amphetamine mixed immediate-release [IR] tablet (generic for Adderall)</li> </ul> </li> <li><b>b.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (1 or 2): <ul style="list-style-type: none"> <li><b>1)</b> dexamethylphenidate IR tablets (generic for Focalin); OR</li> <li><b>2)</b> methylphenidate IR tablets (generic for Ritalin)</li> </ul> <p>Note: Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p> </li> </ul> </li> </ul> <p><b>B.</b> Patient is <math>\geq 18</math> years of age and meets BOTH of the following (i <u>and</u> ii):</p> <ul style="list-style-type: none"> <li><b>i.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b): <ul style="list-style-type: none"> <li><b>a.</b> amphetamine (generic for Evekeo); OR</li> </ul> </li> </ul>

Product	Criteria
	<p><b>b.</b> amphetamine mixed immediate-release [IR] tablet (generic for Adderall)</p> <p><b>ii.</b> Patient has tried and, according to the prescriber, has experienced inadequate efficacy OR significant intolerance with ONE of the following (a or b):</p> <p><b>a.</b> dexamethylphenidate IR tablets (generic for Focalin); OR</p> <p><b>b.</b> methylphenidate IR tablets (generic for Ritalin)</p> <p>Note: Previous history of use of a dexamethylphenidate or methylphenidate product would count towards this trial.</p>

### Conditions Not Covered

**Attention Deficit Hyperactivity Disorder (ADHD) stimulant products for any other use are considered not medically necessary, including the following (this list may not be all inclusive):**

- 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.<sup>25</sup> 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.<sup>41</sup>
- 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.<sup>42</sup> Short-term drug therapy ( $\leq 2$  months) with both atomoxetine and CNS stimulant medications is allowed for transitioning the patient to only one drug. Guanfacine extended-release tablets (Intuniv<sup>®</sup>, generic) and clonidine extended-release tablets (Kapvay<sup>®</sup>, 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.<sup>33,34</sup>
- 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.<sup>35</sup> 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).<sup>20</sup> However,

guidelines on the management of obesity do not address or recommend use of amphetamine (or any other CNS stimulants).<sup>36-40</sup>

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48. Adzenys ER™ extended-release oral solution [prescribing information]. Grand Prairie, TX: Neos; January 2022.
49. Jornay PM® extended-release capsules [prescribing information]. Austin, TX: Ironshore; October 2023.
50. Adhansia XR® extended-release capsules [prescribing information]. Stamford, CT: Adlon; June 2021.
51. Evekeo ODT® orally disintegrating tablet [prescribing information]. Atlanta, GA: Arbor; September 2022.
52. Relexxii® extended-release tablets [prescribing information]. Alpharetta, GA: Vertical; October 2023.
53. Azstarys™ capsules [prescribing information]. Grand Rapids, MI: Corium; October 2023.
54. Xelstry® transdermal system [prescribing information]. Miami, FL: Noven; October 2023.

## Revision Details

Summary of Changes	Review Date	Effective Date
Added criteria for dextroamphetamine immediate-release tablets, methylphenidate ER tablets (45mg, 63mg, and 72mg), Relexxii, and Zenzedi.	01/30/2024	04/01/2024
Added criteria for Metadate CD.	08/15/2024	9/15/2024
<b>For Metadate CD, methylphenidate extended-release 45mg, 63mg, 72 mg tablets, and Relexxii:</b> Removed methylphenidate extended-release capsules (generic for Aptensio XR) from the list of alternatives in the preferred product criteria.	05/29/2025	07/01/2025
<b>Added</b> Adzenys XR-ODT and Amphetamine extended-release orally disintegrating tablets (generic for Adzenys XR-ODT) to the policy. <b>Updated</b> the preferred product statement. <b>Updated</b> the Vyvanse capsule and chewable tablet preferred product requirements.	01/08/2026	02/15/2026
<b>Added</b> a policy statement.  <b>Added</b> Adderall, Adderall XR, Aptensio XR, Azstarys, Concerta, Cotempla XR ODT, Desoxyn, Dexedrine, Dyanavel XR, Evekeo, Evekeo ODT, Focalin, Focalin XR, Jornay PM, Methylin, methylphenidate extended-release 45mg, 63mg, 72 mg tablets, Quillichew ER, Quillivant XR, Ritalin, Ritalin LA, and Xelstry to the policy.  <b>Updated</b> the preferred product requirements for Adzenys XR-ODT, amphetamine extended-release orally disintegrating tablets (generic for Adzenys XR-ODT), dextroamphetamine sulfate tablets, Metadate CD, Mydayis, Relexxii, Vyvanse capsules and chewable tablets, and Zenzedi.	03/26/2026	05/15/2026

<p><b>Conditions Not Covered:</b> Under Long-Term Combination Therapy (i.e., &gt; 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>		
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The policy effective date is in force until updated or retired.

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