Effective Date: 09/01/2021
Reviewed: 06/2021, 11/2021, 05/2022, 01/2023
Scope: Medicaid

Long-Acting Stimulant Criteria

Azstarys (serdexmethylphenidate/dexmethylphenidate)
Methylphenidate transdermal patch (generic Daytrana)
Quillichew ER (methylphenidate) chewable tablets
Vyvanse (lisdexamfetamine) capsules and chewable tablets

POLICY

I. CRITERIA FOR APPROVAL

An authorization of 12 months may be granted when all the following criteria are met:

A. Attention Deficit Hyperactivity Disorder (ADHD)
  a. Azstarys, methylphenidate transdermal patch, Quillichew ER or Vyvanse:
    i. Patient is 6 years of age or older and has a documented diagnosis of attention deficit hyperactivity disorder (ADHD); AND
    ii. Patient has documentation of having tried and failed two formulary long-acting stimulants for ADHD (e.g., dexmethylphenidate ER, methylphenidate ER/CD/SR, amphetamine-dextroamphetamine ER/XR) OR

B. Binge Eating Disorder (BED)
  a. Vyvanse only:
    i. Patient is 18 years of age or older with a documented diagnosis of moderate to severe binge eating disorder; AND
    ii. Patient has documentation of having tried and failed two formulary selective serotonin reuptake inhibitors (e.g., citalopram, escitalopram, fluoxetine, fluvoxamine, or sertraline)

II. CONTINUATION OF THERAPY

Azstarys, methylphenidate transdermal patch, Quillichew ER and Vyvanse will continue to pay after the initial approval if there is at least one paid claim of at least a 30-day supply within the last 365 days for the respective drug.

III. QUANTITY LIMIT

A. Azstarys 26.1/5.2mg, 39.2/7.8mg, 52.3/10.4mg: 1 capsule per day
B. Methylphenidate transdermal patch (generic Daytrana) 10mg, 15mg, 20mg, 30mg: 1 patch per day
C. Quillichew ER 20mg, 30mg, 40mg: 1 chewable tablet/day
D. Vyvanse 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg: 1 capsule/day
E. Vyvanse Chw 10mg, 20mg, 30mg, 40mg, 50mg, 60mg: 1 chewable tablet/day

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