

Reference number(s) 14-A, 1261-A

# Initial Prior Authorization Amphetamines

## **Products Referenced by this Document**

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

### **Amphetamines**

Brand Name	Generic Name	Dosage Form
Adzenys	amphetamine	all products
Dyanavel	amphetamine	all products
Evekeo	amphetamine	all products

### **Amphetamine-Dextroamphetamines**

Brand Name	Generic Name	Dosage Form
Adderall	amphetamine- dextroamphetamine	all products
Mydayis	amphetamine- dextroamphetamine	all products

#### **Dextroamphetamines**

Brand Name	Generic Name	Dosage Form
Dexedrine	dextroamphetamine	all products
dextroamphetamine (all other brands)	dextroamphetamine	all products
ProCentra	dextroamphetamine	all products

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Brand Name	Generic Name	Dosage Form
Xelstrym	dextroamphetamine	all products
Zenzedi	dextroamphetamine	all products

#### Lisdexamfetamines

Brand Name	Generic Name	Dosage Form
Vyvanse	lisdexamfetamine	all products

#### Methamphetamines

Brand Name	Generic Name	Dosage Form
Desoxyn	methamphetamine	all products

## **Indications**

## FDA-approved Indications

#### Adderall

Adderall is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy.

#### Adderall XR

Adderall XR is indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in adults and pediatric patients 6 years and older.

### Adzenys XR-ODT, Dyanavel XR

These products are indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older.

#### Desoxyn

Desoxyn is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in pediatric patients 6 years of age and older.

### Dexedrine Spansule

Dexedrine is indicated in:

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#### **Narcolepsy**

#### **Attention Deficit Disorder with Hyperactivity**

As an integral part of a total treatment program that typically includes other measures (psychological, educational, social) for patients (ages 6 years to 16 years) with this syndrome.

#### Dextroamphetamine Sulfate Tablets, ProCentra, Zenzedi

Dextroampetamine Sulfate is indicated for:

- Narcolepsy.
- Attention Deficit Disorder with Hyperactivity, as an integral part of a total treatment program
  which typically includes other remedial measures (psychological, educational, social) for a
  stabilizing effect in pediatric patients (ages 3 to 16 years) with a behavioral syndrome
  characterized by the following group of developmentally inappropriate symptoms: moderate to
  severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity.

#### Evekeo

Evekeo (amphetamine sulfate tablets, USP) is indicated for:

- Narcolepsy
- Attention Deficit Disorder with Hyperactivity as an integral part of a total treatment program
  which typically includes other remedial measures (psychological, educational, social) for a
  stabilizing effect in children with behavioral syndrome characterized by the following group of
  developmentally inappropriate symptoms: moderate to severe distractibility, short attention
  span, hyperactivity, emotional lability, and impulsivity.
- Exogenous Obesity as a short term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction for patients refractory to alternative therapy, e.g., repeated diets, group programs, and other drugs. The limited usefulness of amphetamines should be weighed against possible risks inherent in use of the drug.

#### **Evekeo ODT**

Evekeo ODT is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in pediatric patients 6 to 17 years of age.

#### Mydayis

Mydayis is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 13 years and older.

#### **Limitations of Use:**

Pediatric patients 12 years and younger experienced higher plasma exposure than patients 13 years and older at the same dose, and experienced higher rates of adverse reactions, mainly insomnia and decreased appetite.

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#### Vyvanse

Vyvanse is indicated for the treatment of:

- Attention Deficit Hyperactivity Disorder (ADHD) in adults and pediatric patients 6 years and older
- Moderate to severe binge-eating disorder (BED) in adults

#### **Limitations of Use:**

- Pediatric patients with ADHD younger than 6 years of age experienced more long-term weight loss than patients 6 years and older.
- Vyvanse is not indicated or recommended for weight loss. Use of other sympathomimetic drugs for weight loss has been associated with serious cardiovascular adverse events. The safety and effectiveness of Vyvanse for the treatment of obesity have not been established.

#### Xelstrym

Xelstrym is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in adults and pediatric patients 6 years and older.

#### **Limitations of Use**

Pediatric patients younger than 6 years of age experienced more long-term weight loss than patients 6 years and older.

## Compendial Uses

Narcolepsy<sup>15-17,21</sup>

## **Coverage Criteria**

# Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)

Authorization may be granted when the patient has a diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) when ALL of the following criteria are met:

- The diagnosis has been appropriately documented (e.g., evaluated by a complete clinical assessment, using DSM-5, standardized rating scales, interviews/questionnaires).
- If the patient is 5 years of age or younger, the patient continues to have ADHD/ADD symptoms despite participating in evidence-based behavioral therapy (e.g., parent training in behavior management (PTBM), behavioral classroom interventions).

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## Binge Eating Disorder (BED)

Authorization may be granted when the requested drug is being prescribed for the treatment of moderate to severe binge eating disorder (BED) when the following criteria is met:

• The request is for Vyvanse.

### Narcolepsy

Authorization may be granted when the patient has a diagnosis of narcolepsy when ALL of the following criteria are met:

- The requested drug is being prescribed by, or in consultation with, a sleep specialist.
- The diagnosis has been confirmed by a sleep study.

# **Continuation of Therapy**

# Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)

Authorization may be granted when the patient has a diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) when ALL of the following criteria are met:

- The patient has achieved or maintained improvement in their signs and symptoms of ADHD/ADD from baseline.
- The patient's need for continued therapy has been assessed within the previous year.

## Binge Eating Disorder (BED)

Authorization may be granted when the requested drug is being prescribed for the treatment of moderate to severe binge eating disorder (BED) when ALL of the following criteria are met:

- The request is for Vyvanse
- The patient achieved or maintained improvement in symptoms of BED from baseline.
- The patient's need for continued therapy has been assessed within the previous year.

## Narcolepsy

Authorization may be granted when the patient has a diagnosis of narcolepsy when the following criteria is met:

 The patient achieved or maintained improvement in daytime sleepiness with narcolepsy from baseline.

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## **Duration of Approval (DOA):**

14-A: DOA: 36 months1261-A: DOA: 12 months

### References

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- 2. Adderall XR [package insert]. Lexington, MA: Takeda Pharmaceuticals America, Inc.; October 2023.
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- Dextroamphetamine sulfate [package insert]. Parsippany, NJ: Teva Pharmaceuticals; September 2023.
- 7. Dyanavel XR [package insert]. Monmouth Junction, NJ: Tris Pharma, Inc.; October 2023.
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