

Effective Date: 09/01/2021
Reviewed: 06/2021, 11/2021, 05/2022, 01/2023, 06/2023, 02/2024
Scope: Medicaid

Long-Acting Stimulant Criteria

**Azstarys (serdexmethylphenidate/dexmethylphenidate)
Methylphenidate transdermal patch (generic Daytrana)
Quillichew ER (methylphenidate) chewable tablets
Vyvanse (lisdexamfetamine) 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 chewable tablets:
 - 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
 - iii. If request is for Vyvanse chewable tablets, patient has documentation of having tried and failed two formulary long-acting stimulants for ADHD, with one being generic lisdexamfetamine capsules OR

B. Binge Eating Disorder (BED)

- a. Vyvanse chewable tablets 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) and generic lisdexamfetamine capsules, or rationale for why these agents would be not appropriate.

II. CONTINUATION OF THERAPY

Azstarys, methylphenidate transdermal patch, Quillichew ER and Vyvanse chewable tablets 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

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- 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 Chw 10mg, 20mg, 30mg, 40mg, 50mg, 60mg: 1 chewable tablet/day

IV. REFERENCES

1. Azstarys [package insert]. Boston, MA: Corium LLC; October 2023
2. Daytrana [package insert]. Miami, FL; Noven Pharmaceuticals, Inc.; October 2023
3. Quillichew ER [package insert]. Monmouth Junction, NJ; Tris Pharma, Inc.; October 2023
4. Vyvanse [package insert]. Lexington, MA; Takeda Pharmaceutical, Inc.; October 2023