NYRx Drug Class Coverage Overview: Central Nervous System Stimulants and Other Agents for Attention Deficit Hyperactivity Disorder

Central Nervous System Stimulants

Drugs in the Central Nervous System (CNS) drug class are included on the NYRx Preferred Drug List (PDL) and are subject to prior authorization (PA) requirements:

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
IV. Central Nervous System		
Central Nervous System (CNS) Stimulants CC, F/Q/D		
Adderall XR® DO ‡ amphetamine salt combo IR (gen Adderall®) amphetamine salt combo ER (gen Adderall XR®) DO Concerta® DO Daytrana® BLTG dexmethylphenidate (gen Focalin®) dexmethylphenidate ER DO (gen Focalin XR®) dextroamphetamine tablet lisdexamfetamine chewable tablet (gen Vyvanse® chew tablet) methylphenidate solution (gen Methylin®) methylphenidate tablet (gen Ritalin®) methylphenidate CD DO ‡ methylphenidate ER (gen Aptensio® XR) methylphenidate ER (gen Concerta®) ‡ methylphenidate ER (gen Metadate CD) ‡ Ritalin LA® DO, BLTG, ‡ Vyvanse® capsule DO, BLTG	Adzenys XR-ODT® amphetamine (gen Adzenys ER®) amphetamine (gen Evekeo®) Aptensio XR® armodafinil (gen Nuvigil®) Azstarys™ Cotempla® XR-ODT™ Desoxyn® Dexedrine® dextroamphetamine / amphetamine (gen Mydayis™) dextroamphetamine ER (gen Dexedrine®) dextroamphetamine solution (gen ProCentra®) dextroamphetamine tablet (gen Zenzedi®) Dyanavel XR® Evekeo® Evekeo® ODT Focalin® Focalin XR® DO Jornay PM™ lisdexamfetamine capsule (gen Vyvanse®) methamphetamine (gen Desoxyn®) Methylin® methylphenidate (gen Daytrana®) methylphenidate chewable tablet (gen Methylin®) methylphenidate ER 45 mg, 63 mg, 72 mg tablet methylphenidate ER (gen Ritalin LA®) modafinil (gen Provigil®) DO Mydayis™ Nuvigil® ProCentra® Provigil® DO QuilliChew ER™ DO Quillivant XR® Relexxii® F/Q/D Ritalin® Sunosi™ Vyvanse® chewable tablet Wakix® Xelstrym™ Zenzedi®	**CLINICAL CRITERIA (CC)** • Confirm diagnosis of FDA-approved, compendia-supported and Medicaid covered indication • Prior authorization is required for initial prescriptions for stimulant therapy for beneficiaries **less than 3 years of age** • Confirm diagnoses that support concurrent use of CNS Stimulant and Second Generation Antipsychotic agent for beneficiaries **less than 18 years of age** • Patient-specific considerations for drug selection include treatment of narcolepsy, excessive daytime sleepiness, sleepiness associated with shift work sleep disorder, or sleepiness associated with obstructive sleep apnea. • PA required for initiation of CNS Stimulant for patients currently on an opioid. • PA required for initiation of CNS Stimulant for patients currently on a benzodiazepine **DOSE OPTIMIZATION (DO)** • See Dose Optimization Chart for affected drugs and strengths **FREQUENCY/QUANTITY/DURATION (F/Q/D)** • Quantity limits based on daily dosage as determined by FDA labeling

Prior Authorization Requirements

All drugs in the CNS Stimulants drug class are subject to the following Clinical Criteria (CC) and Frequency/Quantity/Duration (F/Q/D) requirements:

- Clinical Criteria (CC)
  - Confirm diagnosis of FDA-approved, compendia-supported and Medicaid covered indication.
  - Confirm diagnoses that support concurrent use of CNS Stimulant and Second-Generation Antipsychotic agent for beneficiaries less than 18 years of age.
  - Prior authorization is required for initial prescriptions for stimulant therapy for beneficiaries less than three years of age.
  - Patient-specific considerations for drug selection include treatment of narcolepsy, excessive daytime sleepiness, sleepiness associated with shift work sleep disorder, or sleepiness associated with obstructive sleep apnea.
  - Prior authorization is required for initiation of CNS Stimulant for patients currently on an opioid.
  - Prior authorization is required for initiation of CNS Stimulant for patients currently on a benzodiazepine.
- Frequency/Quantity/Duration (F/Q/D)
  - Quantity limits based on daily dosage as determined by FDA labeling

Select drugs in the CNS Stimulants drug class are subject to the Brand Less Than Generic (BLTG) Program, a cost-containment initiative, promoting the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive than the generic equivalent. The following drugs in the CNS Stimulants drug class are a part of the BLTG program:

- Daytrana®
- Ritalin LA®
- Vyvanse® capsule
- Vyvanse® chewable tablet

Select drugs in the CNS Stimulants drug class are subject to the Dose Optimization (DO) program, a cost containment initiative which limits the number of units of a strength of a drug that can be prescribed per day. DO requirements in the CNS Stimulants drug class are limited to one unit per day for the following:

- Adderall® XR 5 mg, 10 mg, 15 mg

- amphetamine salt combo ER 5 mg, 10 mg, 15 mg
- Concerta® ER 18 mg, 27 mg
- dexmethylphenidate ER 10 mg, 20 mg (Focalin XR generic)
- Focalin® XR 5 mg, 10 mg, 15 mg, 20 mg
- methylphenidate CD 10 mg, 20 mg
- methylphenidate er 18 mg (Concerta® generic)
- methylphenidate la 20 mg (Ritalin® LA generic)
- modafinil 100 mg
- Provigil® 100 mg
- QuilliChew® ER 20 mg
- Ritalin® LA 10 mg, 20 mg
- Vyvanse® 10 mg, 20 mg, 30 mg, 40 mg

Other Agents for Attention Deficit Hyperactivity Disorder

Drugs in the Other Agents for Attention Deficit Hyperactivity Disorder (ADHD) drug class are included on the PDL and are subject to PA requirements:

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
IV. Central Nervous System		
Other Agents for Attention Deficit Hyperactivity Disorder (ADHD) CC		
atomoxetine DO clonidine ER guanfacine ER DO	Intuniv® DO Qelbree™ Strattera® DO	**CLINICAL CRITERIA (CC)** • Confirm diagnosis for an FDA-approved or compendia-supported indication for beneficiaries < 18 years of age. • Prior authorization is required for initial prescriptions for non-stimulant therapy for beneficiaries **less than 6 years of age** **DOSE OPTIMIZATION (DO)** • See Dose Optimization Chart for affected strengths

Prior Authorization Requirements

All drugs in the Other Agents for ADHD drug class are subject to the following CC:

- Confirm diagnosis for an FDA-approved or compendia-supported indication for beneficiaries less than 18 years of age.
- Prior authorization is required for initial prescriptions for non-stimulant therapy for beneficiaries less than six years of age.

Select drugs in the Other Agents for ADHD drug class are subject to the DO program. DO requirements are limited to one unit per day for the following:

- guanfacine ER 1 mg, 2 mg,
- atomoxetine 40 mg,
- Intuniv® 1 mg, 2 mg, and
- Strattera® 40 mg

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the CNS stimulants and Other Agents for ADHD drug class coverage criteria in the PDL and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should become familiar with the CNS Stimulants and Other Agents for ADHD drug class coverage criteria in the PDL and incorporate this information when prescribing for Medicaid members.

Resources

- NYRx Education & Outreach Website
- NYRx Preferred Drug List
- NYRx Preferred Drug Quick List
- NYRx Prior Authorization Submission Guide

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the NYRx Education & Outreach website for more information.