

**CRITERIA FOR PRIOR AUTHORIZATION**

Use of Stimulants and other ADHD Agents in Children Ages 3 and Younger

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:

- Amphetamine (Dyanavel XR®)
- Amphetamine (Adzenys XR®)
- Amphetamine/Dextroamphetamine (Adderall®)
- Amphetamine/Dextroamphetamine (Adderall XR®)
- Atomoxetine (Strattera®)
- Clonidine HCl ER (Kapvay®)
- Dexmethylphenidate HCl (Focalin®)
- Dexmethylphenidate HCl ER (Focalin XR®)
- Dextroamphetamine Sulfate (Zenedi®)
- Dextroamphetamine Sulfate (Dexedrine®)
- Dextroamphetamine Sulfate (DextroStat®)
- Dextroamphetamine Sulfate (ProCentra®)
- Guanfacine ER (Intuniv®)
- Lisdexamphetamine Dimesylate (Vyvanse®)
- Methamphetamine HCl (Desoxyn®)
- Methylphenidate HCl (Aptensio XR®)
- Methylphenidate HCl (Concerta®)
- Methylphenidate HCl (Metadate CD®)
- Methylphenidate HCl (Metadate ER®)
- Methylphenidate HCl (Methylin®)
- Methylphenidate HCl (Quillichew ER)
- Methylphenidate HCl (Quillivant XR®)
- Methylphenidate HCl (Ritalin®)
- Methylphenidate HCl (Ritalin LA®)
- Methylphenidate Transdermal (Daytrana®)

**CRITERIA FOR PRIOR AUTHORIZATION FOR STIMULANTS AND OTHER ADHD MEDICATIONS PRESCRIBED TO CHILDREN AGES 3 AND YOUNGER:**

- Must be prescribed by or in consultation/collaboration with a child and adolescent psychiatrist, pediatric neurologist, or developmental-behavioral pediatrician

**LENGTH OF APPROVAL:** 12 months

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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