

CRITERIA FOR PRIOR AUTHORIZATION

Stimulants and Other ADHD Agents Dosing Limits

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drugs require no prior authorization up to the maximum daily dose listed below:

- Amphetamine (Dyanavel XR®)
- Amphetamine/Dextroamphetamine (Adderall®)
- Amphetamine/Dextroamphetamine (Adderall XR®)
- Atomoxetine (Strattera®)
- Clonidine HCl
- Clonidine HCl ER (Kapvay®)
- Dexmethylphenidate HCl (Focalin®)
- Dexmethylphenidate HCl ER (Focalin XR®)
- Dextroamphetamine Sulfate (Zenzedi®)
- Dextroamphetamine Sulfate (Dexedrine®)
- Dextroamphetamine Sulfate (DextroStat®)
- Dextroamphetamine Sulfate (ProCentra®)
- Guanfacine HCl (Tenex®)
- Guanfacine HCl 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 AGENTS DOSING LIMITS:

- Doses exceeding those listed in Table 1 will require a prior authorization
 - Prior authorization will require a peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval

LENGTH OF APPROVAL: 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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

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Drug	Maximum Daily Dose
Amphetamine (Dyanavel®)	20mg
Amphetamine/Dextroamphetamine (Adderall®)	60mg
Amphetamine/Dextroamphetamine (Adderall XR)	60mg
Atomoxetine (Strattera®)	100mg
Clonidine HCl	0.4mg
Clonidine HCl ER (Kapvay®)	0.4mg
Dexmethylphenidate HCl ER (Focalin XR®)	50mg
Dexmethylphenidate HCl (Focalin®)	20mg
Dextroamphetamine Sulfate (Dexedrine®, DextroStat®, ProCentra®, Zenzedi®)	60mg
Guanfacine HCl (Tenex®)	4mg
Guanfacine HCl ER (Intuniv®)	7mg
Lisdexamphetamine Dimesylate (Vyvanse®)	70mg
Methamphetamine HCl (Desoxyn®)	25mg
Methylphenidate HCl (Methylin®, Ritalin®)	100mg
Methylphenidate HCl ER (Aptensio XR®, Metadate CD®, Metadate ER®, QuilliChew ER, Quillivant XR®, Ritalin LA®)	100mg
Methylphenidate HCl ER (Concerta®)	108mg
Methylphenidate Transdermal (Daytrana®)	30mg/9hr/day