### ADHD STIMULANTS (LONG-ACTING) STEP THERAPY

<table>
<thead>
<tr>
<th>First-Line Drugs</th>
<th>Second-Line Drugs</th>
<th>Length of Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>amphetamine/dextroamphetamine extended-release (generics to Adderall XR)</td>
<td>Adderall XR</td>
<td>Calendar Year</td>
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<tr>
<td>dexmethylphenidate extended-release (generics to Focalin XR)</td>
<td>Adzenys XR-ODT</td>
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<tr>
<td>dextroamphetamine extended-release (generics to Dexedrine Spansules)</td>
<td>Aptensio XR</td>
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<tr>
<td>methylphenidate extended-release (generics to Metadate CD, Methylin ER and Ritalin LA)</td>
<td>Concerta</td>
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<tr>
<td>Metadate ER</td>
<td>Daytrana</td>
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<tr>
<td>methylphenidate sustained-release (generics to Metadate ER and Ritalin SR)</td>
<td>Dextedrine Spansules</td>
<td></td>
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<tr>
<td>methylphenidate extended-release (generics to Concerta)</td>
<td>Dyanavel XR</td>
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<td></td>
<td>Focalin XR</td>
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<tr>
<td></td>
<td>Metadate CD</td>
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<td></td>
<td>QuilliChew ER</td>
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<td></td>
<td>Quillivant XR</td>
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<td></td>
<td>Ritalin LA</td>
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<td></td>
<td>Ritalin SR</td>
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<td></td>
<td>Vyvanse</td>
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An electronic edit will be applied at the point of sale. The system will look for a claim of a first-line drug in claims history from the previous 180 days. If found, the system will approve.

**Approvable Criteria:**

1. If a member has tried a first-line drug, then authorization for a second-line drug may be given. Even if a member has tried an immediate-release stimulant, they must still try one of the generic long-acting stimulants listed above as first-line drugs before receiving authorization for a second-line long-acting drug.

2. Exceptions can be made for Vyvanse for the treatment of moderate to severe binge-eating disorder (BED) in adults per the following criteria:
   
   a. Is the member 18 years of age or older?
      
      * If yes, continue to b.
      * If no, do not approve.

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b. Does the member have a diagnosis of BED, as defined by DSM 5 criteria (see definition box below)?
   • If yes, continue to c.
   • If no, do not approve.

c. Has the member had at least one binge-eating episode per week for at least 3 months (numbers must be reported)?
   • If yes, continue to d.
   • If no, do not approve.

d. Has the member tried and failed alternative non-stimulant therapies, such as cognitive behavioral therapy, antidepressant therapy, mood stabilizers, etc?
   • If yes, continue to e.
   • If no, do not approve.

e. Is Vyvanse being prescribed by a psychiatrist?
   • If yes, approve for Calendar Year.
   • If no, do not approve.

DSM-5 Diagnostic Criteria

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - eating, in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
  - a sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)
- The binge-eating episodes are associated with three (or more) of the following:
  - eating much more rapidly than normal
  - eating until feeling uncomfortably full
  - eating large amounts of food when not feeling physically hungry
  - eating alone because of feeling embarrassed by how much one is eating
  - feeling disgusted with oneself, depressed, or very guilty afterwards
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for three months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive Food Intake Disorder.

QUANTITY LIMITS

ADDERALL XR = 30MG/DAY
DYANAVEL XR = 240ML x 30 DAYS
METADATE CD = 30 X 30 DAYS
QUILLICHEW ER = 60MG/DAY
VYVANSE = 30 X 30 DAYS

* References:
  - ESI Step Therapy Program.