Attention Deficit [Hyperactivity] Disorder (ADHD/ADD) Agents Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
06-01-2024	04-01-2010

FDA APPROVED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Adderall XR® (amphetamine/dextroamphetamine ER)* Capsule	Treatment of attention deficit hyperactivity disorder (ADHD) in adults and pediatric patients 6 years and older	Stimulant *generic available	2
Adderall® (amphetamine/dextroamphetamine)* Tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 3 years or older Treatment of narcolepsy	Stimulant *generic available	1
Adhansia XR® (methylphenidate ER) Capsule	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years and older	Stimulant	3
Adzenys XR-ODT® (amphetamine ER) Orally disintegrating tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years and older	Stimulant	5
Aptensio XR® (methylphenidate ER)* Capsule	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years and older Limitations of use: • Pediatric patients younger than 6 years of age experienced higher plasma exposure than patients 6 years and older at the same dose and high rates of adverse reactions, most notably weight loss.	Stimulant *generic available	6

Agent(s)	FDA Indication(s)	Notes	Ref#
Azstarys® (serdexmethylphenidate/dexmethylphenidate) Capsules	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years of age and older	Stimulant	43
Concerta® (methylphenidate osmotic ER)* Tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in children 6 years of age and older, adolescents, and adults up to the age of 65	Stimulant *generic available	7
Cotempla XR ODT® (methylphenidate ER) Orally disintegrating tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in pediatric patients 6 to 17 years of age	Stimulant	8
Daytrana® (methylphenidate)* Transdermal system	Treatment of attention deficit hyperactivity disorder (ADHD) in pediatric patients 6 to 17 years of age	Stimulant *generic available	9
Desoxyn® (methamphetamine)* Tablet	Attention Deficit Disorder with Hyperactivity: Desoxyn tablets are indicated as an integral part of a total treatment program which typically includes other remedial measures (psychological, educational, social) for a stabilizing effect in children over 6 years of age with a behavioral syndrome characterized by the following group of developmentally inappropriate symptoms: moderate to severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity. The diagnosis of this syndrome should not be made with finality when these symptoms are only of comparatively recent origin. Nonlocalizing (soft) neurological signs, learning disability, and abnormal EEG may or may not be present, and a diagnosis of central nervous system dysfunction may or may not be warranted.	Stimulant *generic available	10
Dexedrine Spansules® (dextroamphetamine ER)* Capsule	Treatment of attention deficit hyperactivity disorder (ADHD) in pediatric patients (6 years of age to 16 years of age) Treatment of narcolepsy	Stimulant *generic available	11
Dyanavel XR® (Amphetamine ER)	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years and older	Stimulant	12

Agent(s)	FDA Indication(s)	Notes	Ref#
Chewable tablet Oral suspension			
Evekeo ODT® (amphetamine) Orally disintegrating tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in pediatric patients 6 to 17 years of age	Stimulant	14
Evekeo® (amphetamine)* Tablet	Treatment of narcolepsy Treatment of attention deficit hyperactivity disorder (ADHD) in children 3 years of age and older Treatment of exogenous obesity in patients 12 years and older	Stimulant *generic available	13
Focalin XR® (dexmethylphenidate ER)* Capsule	Treatment of attention deficit hyperactivity disorder (ADHD)	Stimulant *generic available	16
Focalin® (dexmethylphenidate)* Tablet	Treatment of attention deficit hyperactivity disorder (ADHD)	Stimulant *generic available	15
Intuniv® (guanfacine ER)* Tablet	Treatment of attention deficit hyperactivity disorder (ADHD) as monotherapy or as adjunctive therapy to stimulant medications in patients 6 years and older	Non-Stimulant *generic available	33
Jornay PM® (methylphenidate delayed ER) Capsule	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years and older	Stimulant	17
Kapvay® (clonidine ER)* Tablet	Treatment of attention deficit hyperactivity disorder (ADHD) as monotherapy or as adjunctive therapy to stimulant medications	Non-Stimulant *generic available	32
Methylin® (methylphenidate)*	Treatment of attention deficit hyperactivity disorder (ADHD) in adults and pediatric patients 6 years and older Treatment of narcolepsy	Stimulant *generic available	18

Agent(s)	FDA Indication(s)	Notes	Ref#
Oral solution			
Mehylphenidate ER, 24HR* Tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in adults up to the age of 65 and pediatric patients 6 years of age and older	Stimulant *generic available	22
Mydayis® (amphetamine ER)* Capsule	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 13 years and older	Stimulant *generic available	23
Qelbree® (viloxazine) Tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in adults and pediatric patients 6 years and older	Non-Stimulant	42
Quillichew ER® (methylphenidate ER) Chewable tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years and older	Stimulant	25
Quillivant XR® (methylphenidate ER) Oral suspension	Treatment of attention deficit hyperactivity disorder (ADHD) in patients 6 years and older	Stimulant	26
Relexxii®, Methylphenidate ER Osmotic Release (methylphenidate osmotic release ER) Tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in adults (up to the age of 65) and pediatric patients 6 years of age and older	Stimulant	27, 45
Ritalin LA® (methylphenidate ER)* Capsule	Treatment of attention deficit hyperactivity disorder (ADHD) in pediatric patients 6 to 12 years of age	Stimulant *generic available	29
Ritalin® (methylphenidate)*	Treatment of attention deficit hyperactivity disorder (ADHD) in pediatric patients 6 years and older and adults Treatment of narcolepsy	Stimulant *generic available	28

Agent(s)	FDA Indication(s)	Notes	Ref#
Tablet			
Strattera® (atomoxetine)* Capsule	The treatment of attention deficit hyperactivity disorder (ADHD)	Non-Stimulant *generic available	34
Vyvanse® (lisdexamfetamine)* Capsule Chewable tablet	Treatment of attention deficit hyperactivity disorder (ADHD) in pediatric patients 6 years and older Treatment of moderate to severe binge eating disorder (BED) in adults	Stimulant *generic available	30
Xelstrym® (dextroamphetamine) Transdermal patch	Treatment of attention deficit hyperactivity disorder (ADHD) in adults and pediatric patients 6 years and older	Stimulant	44

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

ADHD/ADD	Attention deficit hyperactivity disorder (ADHD) is one of the most common neurobehavioral disorders of childhood and can profoundly affect children's academic achievement, well-being, and social interactions. Most children with ADHD will continue to have symptoms and impairment through adolescence and into adulthood. Estimates indicate that approximately 3 to 4 percent of adults meet the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV) diagnostic criteria for ADHD.(35) A study looking at the Diagnostic and Statistical manual of Mental Disorders, 5th edition (DSM-5) ADHD criteria for adults suggests a prevalence rate of 3.55% in adults compared to an earlier estimated prevalence of DSM-4 ADHD being 2.8% for adults. Changes to DSM-5 criteria for ADHD suggest a 27 percent increase in the expected prevalence of ADHD among young adults.(37) ADHD in adulthood is associated with significant impairment in occupational and academic functioning such as academic underachievement, unemployment, and problems in work performance. Adults with ADHD also often experience social and interpersonal difficulties. A third area of concern in adult ADHD is criminal and antisocial behavior.(38) Guidelines from the American Academy of Pediatrics recommend behavioral therapy as first line treatment for preschoolers (age 4-5). Methylphenidate may be considered if behavior interventions do not provide significant improvement and there is moderate-to-severe continued disturbance in the child's functioning. If behavioral treatment is unavailable, risks of starting medication before age 6 against harm of delaying treatment need to be considered. For children (ages 6–11) and adolescents (ages 12-18), medications for ADHD/ADD combined with behavioral therapy is recommended. The evidence is strong for stimulant medications and sufficient but less strong for atomoxetine, ER guanfacine, and ER clonidine (in that order). In addition, diversion of ADHD medication is a special concern among adolescents. Clinicians may consider prescribing nonstimulant medications that minimize abuse potential, such as atomoxetine and extended-release guanfacine or extended-release clonidine.(35) Pharmacotherapy is the mainstay of treatment for ADHD in adults. Guidelines recommend stimulant medications and atomoxetine as first line therapy, followed by

	antidepressants (bupropion, desipramine). Medications should be started at a low dose and titrated slowly until maximal benefit is achieved or adverse effects become intolerable. A trial of four to six weeks should be allowed for each dosing change.(36)
Narcolepsy	Narcolepsy is a chronic neurological disorder caused by the brain's inability to regulate sleep-wake cycles. It affects males and females equally and is a lifelong problem but does not usually worsen with age. Patients with narcolepsy all have excessive daytime sleepiness (EDS) which is characterized by unwillingly falling asleep during the day even if they are in the middle of an activity such as driving, eating, or talking regardless of how much sleep they get at night. Other symptoms include cataplexy, sleep paralysis, and hallucinations. If left undiagnosed or untreated, narcolepsy can interfere with psychological, social, and cognitive function and development and can inhibit academic, work, and social activities. Although there is no cure for narcolepsy, some of the symptoms can be treated with medication and lifestyle changes. Medication options include modafinil, amphetamine-like stimulants, antidepressants, sodium oxybate, and pitolisant. Nonpharmacological therapy involves lifestyle changes, such as avoiding caffeine, alcohol, or smoking and improving sleep hygiene.(39)
Safety	Adderall, Adderall XR, Adzenys XR-ODT, Azstarys, Concerta, Cotempla XR-ODT, Daytrana, Desoxyn, Dexedrine Spansule, Dyanavel XR, Evekeo, Evekeo ODT, Focalin, Focalin XR, Jornay PM, Methylin, Methylphenidate ER Osmotic Release, Mydayis, QuilliChew ER, Quillivant XR, Relexxii, Ritalin, Ritalin LA, Vyvanse, and Xelstrym have a boxed warning for abuse, misuse, and addiction.(1,2,5,7-18,23,25-30,43-45) • These medications have a high potential for abuse and misuse, which can lead to the development of a substance use disorder, including addiction. Misuse and abuse of CNS stimulants can result in overdose and death, and this risk is increased with higher doses or unapproved methods of administration, such as snorting or injection. • Before prescribing these medications, assess each patient's risk for abuse, misuse, and addiction. Educate patients and their families about these risks, proper storage of the drug, and proper disposal of any unused drug. Throughout treatment, reassess each patient's risk of abuse, misuse, and addiction and frequently monitor for signs and symptoms of abuse, misuse, and addiction. Adhansia XR, Aptensio XR have a boxed warning for abuse and dependence.(3,6) • CNS stimulants, other methylphenidate-containing products, and amphetamines have a high potential for abuse and dependence. • Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy. Qelbree has a boxed warning for suicidal thoughts and behaviors.(42) • In clinical trials, higher rates of suicidal thoughts and behavior were reported in pediatric patients with ADHD treated with Qelbree than in patients treated with placebo. Closely monitor all Qelbree-treated patients for clinical worsening, and for emergence of suicidal thoughts and behaviors. Strattera has a boxed warning for suicidal ideation in children and adolescents.(34) • STRATTERA (atomoxetine) increased the risk of suicidal ideation in short-term studies in children or adolescents with Attention-Deficit/Hyperactivity Disorder (ADHD). Anyone considering the use of STRATTERA in a child or adolescent must balance this risk with the clinical need. Co-morbidities occurring with ADHD may be associated with an increase in the risk of suicidal ideation

	and/or behavior. Patients who are started on therapy should be monitored closely for suicidality (suicidal thinking and behavior), clinical worsening, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. STRATTERA is approved for ADHD in pediatric and adult patients. STRATTERA is not approved for major depressive disorder. Adderall, Adderall XR, Adhansia XR, Adzenys XR-ODT, Aptensio XR and XR-ODT, Azstarys, Concerta, Cotempla XR-ODT, Desoxyn, Dexedrine Spansule, Dyanavel XR, Evekeo, Evekeo ODT, Focalin, Focalin XR, Jornay PM, Methylin, Methylphenidate ER Osmotic Release Mydayis, QuilliChew ER, Quillivant XR, Relexxii, Ritalin, Ritalin LA, Vyvanse, and Xelstrym are contraindicated in patients:(1-3,5-8,10-18,23,25-30,43-45) • Known hypersensitivity to the product. Hypersensitivity reactions such as angioedema, anaphylactic reactions, urticaria, Stevens-Johnson Syndrome have been reported in patients or observed in postmarketing reports. • Taking monoamine oxidase inhibitors (MAOIs), or within 14 days of stopping MAOIs (including MAOIs such as linezolid or intravenous methylene blue), because of an increased risk of hypertensive crisis. Daytrana is contraindicated in patients:(9) • Known hypersensitivity to methylphenidate or other components of the product (polyester/ethylene vinyl acetate laminate film backing, acrylic adhesive, silicone adhesive, and fluoropolymer-coated polyester). • Taking monoamine oxidase inhibitors (MAOIs), or within a minimum of 14 days following discontinuation of treatment with an MAOI (hypertensive crises may result). Intuniv is contraindicated in patients with a history of a hypersensitivity reaction to Intuniv or its inactive ingredients, or other products containing guanfacine. Rash and pruritus have been reported.(33) Kapvay is contraindicated in patients with a history of a hypersensitivity reaction to clonidine. Reactions have included generalized rash, urticaria, and angioedema.(32) Qelbree is contraindicated in patients:(42) • Receiving concomitant treatment with monoamine oxidase inhibitors (MAOI), or within 14 days following discontinuing an MAOI, because of an increased risk of hypertensive crisis. • Receiving concomitant administration of sensitive CYP1A2 substrates or CYP1A2 substrates with a narrow therapeutic range. Strattera is contraindicated in patients with:(34) • Known to be hypersensitive to atomoxetine or other constituents of the product. • Taking monoamine oxidase inhibitors (MAOIs), or within a minimum of 14 days following discontinuation of treatment with an MAOI. With other drugs that affect brain monoamine concentrations, there have been reports of serious, sometimes fatal reactions (including hyperthermia, rigidity, myoclonus, autonomic instability with possible rapid fluctuations of vital signs, and mental status changes that include extreme agitation progressing to

	delirium and coma) when taken in combination with an MAOI. Some cases presented with features resembling neuroleptic malignant syndrome. Such reactions may occur when these drugs are given concurrently or in close proximity. • Narrow angle glaucoma due to increased risk of mydriasis with Strattera use. • Pheochromocytoma: serious reactions, including elevated blood pressure and tachyarrhythmia, have been reported in patients with pheochromocytoma or a history of pheochromocytoma who received Strattera. • Severe cardiovascular disorders: do not use in patients with severe cardiac or vascular disorders whose condition would be expected to deteriorate if they experience increases in blood pressure or heart rate that could be clinically important (for example, 15 to 20 mm Hg in blood pressure or 20 beats per minute in heart rate).

REFERENCES

Number	Reference
1	Adderall prescribing information. Teva Pharmaceuticals USA. October 2023.
2	Adderall XR prescribing information. Takeda Pharmaceuticals America, Inc. October 2023.
3	Adhansia XR prescribing information. Purdue Pharmaceuticals L.P. June 2021.
4	Reference no longer used
5	Adzenys XR ODT prescribing information. Neos Therapeutics, Inc. October 2023.
6	Aptensio XR prescribing information. Rhodes Pharmaceuticals L.P. October 2023.
7	Concerta prescribing information. Janssen Pharmaceuticals, Inc. October 2023.
8	Cotempla XR ODT prescribing information. Neos Therapeutics, Inc. October 2023.
9	Daytrana prescribing information. Noven Therapeutics, LLC. October 2023.
10	Desoxyn prescribing information. Recordati Rare Diseases Inc. October 2023.
11	Dexedrine Spansule prescribing information. Amneal Pharmaceuticals LLC. October 2023.
12	Dyanavel XR prescribing information. Tris Pharma, Inc. October 2023.
13	Evekeo prescribing information. Arbor Pharmaceuticals, LLC. October 2023.
14	Evekeo ODT prescribing information. Arbor Pharmaceuticals, LLC. October 2023.
15	Focalin prescribing information. Novartis Pharmaceuticals Corporation. October 2023.
16	Focalin XR prescribing information. Novartis Pharmaceuticals Corporation. October 2023.
17	Jornay PM prescribing information. Ironshore Pharmaceuticals, Inc. October 2023.
18	Methylin prescribing information. SpecGx LLC. October 2023.
19	Reference no longer used
20	Reference no longer used
21	Reference no longer used
22	Methylphenidate ER 24HR tablets prescribing information. Kremers Urban Pharmaceuticals, Inc. July 2021.
23	Mydayis prescribing information. Takeda Pharmaceuticals America, Inc. October 2023.
24	Reference no longer used
25	QuilliChew ER prescribing information. NextWave Pharmaceuticals, Inc. October 2023.
26	Quillivant XR prescribing information. NextWave Pharmaceuticals, Inc. October 2023.
27	Relexxii prescribing information. Vertical Pharmaceuticals, LLC. October 2023.
28	Ritalin prescribing information. Novartis Pharmaceuticals Corporation. October 2023.
29	Ritalin LA prescribing information. Novartis Pharmaceuticals Corporation. October 2023.
30	Vyvanse prescribing information. Takeda Pharmaceuticals America, Inc. October 2023.

Number	Reference
31	Reference no longer used
32	Kapvay prescribing information. Concordia Pharmaceuticals, Inc. February 2020.
33	Intuniv prescribing information. Takeda Pharmceuticals America, Inc. August 2020.
34	Strattera prescribing information. Eli Lilly and Company. January 2022.
35	Wolraich, M.L., Hagan, J.F. Jr., Allan, C., Chan, E., Davison, D., Earls, M., Evans, S.W., Flinn, S.K., Froehlich, T., Frost, J., Holbrook, J.R., Lehmann, C.U., Lessin, H.R., Okechukwu, K., Pierce, K.L., Winner, J.D., Zurhellen, W. (2019) AAP subcommittee on children and adolescents with attention-deficit/hyperactive disorder. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Pediatrics. 144(4):e20192528. https://doi.org/10.1542/peds.2019-2528
36	Post, R. E., & Kurlansik, S. L. (2012) Diagnosis and Management of Attention Deficit/Hyperactivity Disorder in Adults. *American Family Physician.* 85(9), 890-896. https://www.aafp.org/afp/2012/0501/p890.html
37	Matte, B., Anselmi, L., Salum, G. A., Kieling, C., Gonçalves, H., Menezes, A., Grevet, E. H., & Rohde, L. A. (2014). ADHD in DSM-5: A field trial in a large, representative sample of 18- to 19-year-old adults. *Psychological Medicine*, *45*(2), 361–373. https://doi.org/10.1017/
38	Holst, Y., & Thorell, L. B. (2019). Functional impairments among adults with ADHD: A comparison with adults with other psychiatric disorders and links to executive deficits. *Applied Neuropsychology: Adult*, *27*(3), 243–255. https://doi.org/10.1080/23279095.2018.1532429
39	National Institute of Neurological Disorders and Stroke. Narcolepsy Fact Sheet. NIH Publication No. 17-1637.https://www.ninds.nih.gov/narcolepsy-fact-sheet
40	Reference no longer used
41	Reference no longer used
42	Qelbree prescribing information. Supernus Pharmaceutics, Inc. April 2022.
43	Azstarys prescribing information. Corium, Inc. October 2023.
44	Xelstrym prescribing information. Noven Pharmaceuticals, Inc. October 2023.
45	Methylphenidate ER Osmotic Release tablets prescribing information. Trigen Laboratories, LLC. October 2023.

OBJECTIVE

The Quantity Limit (QL) program will apply to all ages.

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Methylphenidate HCl Chew Tab 10 MG	10 MG	180	Tablets	30	DAYS			
	Methylphenidate HCl Chew Tab 2.5 MG	2.5 MG	90	Tablets	30	DAYS			
	Methylphenidate HCl Chew Tab 5 MG	5 MG	90	Tablets	30	DAYS			
	Methylphenidate HCl Tab ER 10 MG	10 MG	90	Tablets	30	DAYS			
	Methylphenidate HCl Tab ER 20 MG	20 MG	90	Tablets	30	DAYS			
	Methylphenidate HCl Tab ER 24HR 18 MG	18 MG	30	Tablets	30	DAYS			
	Methylphenidate HCl Tab ER 24HR 27 MG	27 MG	30	Tablets	30	DAYS			
	Methylphenidate HCl Tab ER 24HR 36 MG	36 MG	60	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Methylphenidate HCl Tab ER 24HR 54 MG	54 MG	30	Tablets	30	DAYS			
Adderall	Amphetamine-Dextroamphetamine Tab 10 MG	10 MG	60	Tablets	30	DAYS			
Adderall	Amphetamine-Dextroamphetamine Tab 12.5 MG	12.5 MG	60	Tablets	30	DAYS			
Adderall	Amphetamine-Dextroamphetamine Tab 15 MG	15 MG	60	Tablets	30	DAYS			
Adderall	Amphetamine-Dextroamphetamine Tab 20 MG	20 MG	90	Tablets	30	DAYS			
Adderall	Amphetamine-Dextroamphetamine Tab 30 MG	30 MG	60	Tablets	30	DAYS			
Adderall	Amphetamine-Dextroamphetamine Tab 5 MG	5 MG	60	Tablets	30	DAYS			
Adderall	Amphetamine-Dextroamphetamine Tab 7.5 MG	7.5 MG	60	Tablets	30	DAYS			
Adderall xr ; Mydayis	amphetamine-dextroamphetamine ; amphetamine-dextroamphetamine cap er	10 MG ; 12.5 MG ; 15 MG ; 20 MG ; 25 MG ; 30 MG ; 37.5 MG ; 5 MG ; 50 MG	30	Capsules	30	DAYS			
Adhansia xr ; Aptensio xr ; Jornay pm ; Ritalin la	methylphenidate hcl cap delayed er ; methylphenidate hcl cap er	10 MG ; 100 MG ; 15 MG ; 20 MG ; 25 MG ; 30 MG ; 35 MG ; 40 MG ; 45 MG ; 50 MG ; 55 MG ; 60 MG ; 70 MG ; 80 MG ; 85 MG	30	Capsules	30	DAYS			
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 12.5 MG	12.5 MG	30	Tablets	30	DAYS			
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 15.7 MG	15.7 MG	30	Tablets	30	DAYS			
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 18.8 MG	18.8 MG	30	Tablets	30	DAYS			
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 3.1 MG	3.1 MG	60	Tablets	30	DAYS			
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 6.3 MG	6.3 MG	60	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 9.4 MG	9.4 MG	30	Tablets	30	DAYS			
Azstarys	Serdexmethylphenidate-Dexmethylphenidate Cap	26.1-5.2 MG	30	Capsules	30	DAYS			
Azstarys	Serdexmethylphenidate-Dexmethylphenidate Cap	39.2-7.8 MG	30	Capsules	30	DAYS			
Azstarys	Serdexmethylphenidate-Dexmethylphenidate Cap	52.3-10.4 MG	30	Capsules	30	DAYS			
Concerta ; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	18 MG	30	Tablets	30	DAYS			
Concerta ; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	27 MG	30	Tablets	30	DAYS			
Concerta ; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	36 MG	60	Tablets	30	DAYS			
Concerta ; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	54 MG	30	Tablets	30	DAYS			
Cotempla xr-odt	Methylphenidate Tab Extended Release Disintegrating 17.3 MG	17.3 MG	60	Tablets	30	DAYS			
Cotempla xr-odt	Methylphenidate Tab Extended Release Disintegrating 25.9 MG	25.9 MG	60	Tablets	30	DAYS			
Cotempla xr-odt	Methylphenidate Tab Extended Release Disintegrating 8.6 MG	8.6 MG	30	Tablets	30	DAYS			
Daytrana	methylphenidate td patch	10 MG/9HR ; 15 MG/9HR ; 20 MG/9HR ; 30 MG/9HR	30	Patches	30	DAYS			
Desoxyn	Methamphetamine HCl Tab 5 MG	5 MG	150	Tablets	30	DAYS			
Dexedrine	Dextroamphetamine Sulfate Cap ER 24HR 10 MG	10 MG	120	Capsules	30	DAYS			
Dexedrine	Dextroamphetamine Sulfate Cap ER 24HR 15 MG	15 MG	120	Capsules	30	DAYS			
Dexedrine	Dextroamphetamine Sulfate Cap ER 24HR 5 MG	5 MG	90	Capsules	30	DAYS			
Dyanavel xr	amphetamine chew tab extended release	10 MG ; 15 MG ; 20 MG ; 5 MG	30	Tablet	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Dyanavel xr	Amphetamine Extended Release Susp 2.5 MG/ML	2.5 MG/ML	240	mLs	30	DAYS			
Dyanavel xr	Amphetamine Extended Release Susp 2.5 MG/ML	2.5 MG/ML	240	mLs	30	DAYS			
Evekeo	Amphetamine Sulfate Tab 10 MG	10 MG	180	Tablets	30	DAYS			
Evekeo	Amphetamine Sulfate Tab 5 MG	5 MG	90	Tablets	30	DAYS			
Evekeo odt	amphetamine sulfate orally disintegrating tab	10 MG ; 15 MG ; 20 MG ; 5 MG	60	Tablets	30	DAYS			
Focalin	dexmethylphenidate hcl tab	10 MG ; 2.5 MG ; 5 MG	60	Tablets	30	DAYS			
Focalin xr	dexmethylphenidate hcl cap er	10 MG ; 15 MG ; 20 MG ; 25 MG ; 30 MG ; 35 MG ; 40 MG ; 5 MG	30	Capsules	30	DAYS			
Intuniv	guanfacine hcl tab er	1 MG ; 2 MG ; 3 MG ; 4 MG	30	Tablets	30	DAYS			
Kapvay	Clonidine HCl Tab ER 12HR 0.1 MG	0.1 MG	120	Tablets	30	DAYS			
Metadate cd	methylphenidate hcl cap er	10 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG	30	Capsules	30	DAYS			
Methylin	Methylphenidate HCl Soln 10 MG/5ML	10 MG/5ML	900	mLs	30	DAYS			
Methylin	Methylphenidate HCl Soln 5 MG/5ML	5 MG/5ML	450	mLs	30	DAYS			
Procentra	Dextroamphetamine Sulfate Oral Solution 5 MG/5ML	5 MG/5ML	1800	mLs	30	DAYS			
Qelbree	Viloxazine HCl Cap ER	100 MG	30	Capsules	30	DAYS			
Qelbree	Viloxazine HCl Cap ER	150 MG	60	Capsules	30	DAYS			
Qelbree	Viloxazine HCl Cap ER	200 MG	90	Capsules	30	DAYS			
Quillichew er	Methylphenidate HCl Chew Tab Extended Release 20 MG	20 MG	30	Tablets	30	DAYS			
Quillichew er	Methylphenidate HCl Chew Tab Extended Release 30 MG	30 MG	60	Tablets	30	DAYS			
Quillichew er	Methylphenidate HCl Chew Tab Extended Release 40 MG	40 MG	30	Tablets	30	DAYS			
Quillivant xr	methylphenidate hcl for er susp	25 MG/5ML	360	mLs	30	DAYS			
Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM)	45 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM)	63 MG	30	Tablets	30	DAYS			
Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 72 MG	72 MG	30	Tablets	30	DAYS			
Ritalin	methylphenidate hcl tab	10 MG ; 20 MG ; 5 MG	90	Tablets	30	DAYS			
Strattera	Atomoxetine HCl Cap 10 MG (Base Equiv)	10 MG	60	Capsules	30	DAYS			
Strattera	Atomoxetine HCl Cap 100 MG (Base Equiv)	100 MG	30	Capsules	30	DAYS			
Strattera	Atomoxetine HCl Cap 18 MG (Base Equiv)	18 MG	60	Capsules	30	DAYS			
Strattera	Atomoxetine HCl Cap 25 MG (Base Equiv)	25 MG	60	Capsules	30	DAYS			
Strattera	Atomoxetine HCl Cap 40 MG (Base Equiv)	40 MG	60	Capsules	30	DAYS			
Strattera	Atomoxetine HCl Cap 60 MG (Base Equiv)	60 MG	30	Capsules	30	DAYS			
Strattera	Atomoxetine HCl Cap 80 MG (Base Equiv)	80 MG	30	Capsules	30	DAYS			
Vyvanse	lisdexamfetamine dimesylate cap	10 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG ; 70 MG	30	Capsules	30	DAYS			
Vyvanse	lisdexamfetamine dimesylate chew tab	10 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG	30	Tablets	30	DAYS			
Xelstrym	Dextroamphetamine TD Patch	4.5 MG/9HR	30	Patches	30	DAYS			
Xelstrym	Dextroamphetamine TD Patch	9 MG/9HR	30	Patches	30	DAYS			
Xelstrym	Dextroamphetamine TD Patch	13.5 MG/9HR	30	Patches	30	DAYS			
Xelstrym	Dextroamphetamine TD Patch	18 MG/9HR	30	Patches	30	DAYS			
Zenzedi	Dextroamphetamine Sulfate Tab 10 MG	10 MG	180	Tablets	30	DAYS			
Zenzedi	Dextroamphetamine Sulfate Tab 15 MG	15 MG	90	Tablets	30	DAYS			
Zenzedi	Dextroamphetamine Sulfate Tab 2.5 MG	2.5 MG	90	Tablets	30	DAYS			
Zenzedi	Dextroamphetamine Sulfate Tab 20 MG	20 MG	90	Tablets	30	DAYS			
Zenzedi	Dextroamphetamine Sulfate Tab 30 MG	30 MG	60	Tablets	30	DAYS			
Zenzedi	Dextroamphetamine Sulfate Tab 5 MG	5 MG	90	Tablets	30	DAYS			
Zenzedi	Dextroamphetamine Sulfate Tab 7.5 MG	7.5 MG	90	Tablets	30	DAYS			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Methylphenidate HCl Chew Tab 10 MG	10 MG	Medicaid
	Methylphenidate HCl Chew Tab 2.5 MG	2.5 MG	Medicaid
	Methylphenidate HCl Chew Tab 5 MG	5 MG	Medicaid
	Methylphenidate HCl Tab ER 10 MG	10 MG	Medicaid
	Methylphenidate HCl Tab ER 20 MG	20 MG	Medicaid
	Methylphenidate HCl Tab ER 24HR 18 MG	18 MG	Medicaid
	Methylphenidate HCl Tab ER 24HR 27 MG	27 MG	Medicaid
	Methylphenidate HCl Tab ER 24HR 36 MG	36 MG	Medicaid
	Methylphenidate HCl Tab ER 24HR 54 MG	54 MG	Medicaid
Adderall	Amphetamine-Dextroamphetamine Tab 10 MG	10 MG	Medicaid
Adderall	Amphetamine-Dextroamphetamine Tab 12.5 MG	12.5 MG	Medicaid
Adderall	Amphetamine-Dextroamphetamine Tab 15 MG	15 MG	Medicaid
Adderall	Amphetamine-Dextroamphetamine Tab 20 MG	20 MG	Medicaid
Adderall	Amphetamine-Dextroamphetamine Tab 30 MG	30 MG	Medicaid
Adderall	Amphetamine-Dextroamphetamine Tab 5 MG	5 MG	Medicaid
Adderall	Amphetamine-Dextroamphetamine Tab 7.5 MG	7.5 MG	Medicaid
Adderall xr ; Mydayis	amphetamine-dextroamphetamine ; amphetamine-dextroamphetamine cap er	10 MG ; 12.5 MG ; 15 MG ; 20 MG ; 25 MG ; 30 MG ; 37.5 MG ; 5 MG ; 50 MG	Medicaid
Adhansia xr ; Aptensio xr ; Jornay pm ; Ritalin la	methylphenidate hcl cap delayed er ; methylphenidate hcl cap er	10 MG ; 100 MG ; 15 MG ; 20 MG ; 25 MG ; 30 MG ; 35 MG ; 40 MG ; 45 MG ; 50 MG ; 55 MG ; 60 MG ; 70 MG ; 80 MG ; 85 MG	Medicaid
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 12.5 MG	12.5 MG	Medicaid
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 15.7 MG	15.7 MG	Medicaid
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 18.8 MG	18.8 MG	Medicaid
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 3.1 MG	3.1 MG	Medicaid
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 6.3 MG	6.3 MG	Medicaid
Adzenys xr-odt	Amphetamine Tab Extended Release Disintegrating 9.4 MG	9.4 MG	Medicaid
Azstarys	Serdexmethylphenidate-Dexmethylphenidate Cap	39.2-7.8 MG	Medicaid
Azstarys	Serdexmethylphenidate-Dexmethylphenidate Cap	52.3-10.4 MG	Medicaid
Azstarys	Serdexmethylphenidate-Dexmethylphenidate Cap	26.1-5.2 MG	Medicaid
Concerta ; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	18 MG	Medicaid
Concerta ; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	27 MG	Medicaid
Concerta ; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	36 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Concerta ; Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	54 MG	Medicaid
Cotempla xr-odt	Methylphenidate Tab Extended Release Disintegrating 17.3 MG	17.3 MG	Medicaid
Cotempla xr-odt	Methylphenidate Tab Extended Release Disintegrating 25.9 MG	25.9 MG	Medicaid
Cotempla xr-odt	Methylphenidate Tab Extended Release Disintegrating 8.6 MG	8.6 MG	Medicaid
Daytrana	methylphenidate td patch	10 MG/9HR ; 15 MG/9HR ; 20 MG/9HR ; 30 MG/9HR	Medicaid
Desoxyn	Methamphetamine HCl Tab 5 MG	5 MG	Medicaid
Dexedrine	Dextroamphetamine Sulfate Cap ER 24HR 10 MG	10 MG	Medicaid
Dexedrine	Dextroamphetamine Sulfate Cap ER 24HR 15 MG	15 MG	Medicaid
Dexedrine	Dextroamphetamine Sulfate Cap ER 24HR 5 MG	5 MG	Medicaid
Dyanavel xr	amphetamine chew tab extended release	10 MG ; 15 MG ; 20 MG ; 5 MG	Medicaid
Dyanavel xr	Amphetamine Extended Release Susp 2.5 MG/ML	2.5 MG/ML	Medicaid
Dyanavel xr	Amphetamine Extended Release Susp 2.5 MG/ML	2.5 MG/ML	Medicaid
Evekeo	Amphetamine Sulfate Tab 10 MG	10 MG	Medicaid
Evekeo	Amphetamine Sulfate Tab 5 MG	5 MG	Medicaid
Evekeo odt	amphetamine sulfate orally disintegrating tab	10 MG ; 15 MG ; 20 MG ; 5 MG	Medicaid
Focalin	dexmethylphenidate hcl tab	10 MG ; 2.5 MG ; 5 MG	Medicaid
Focalin xr	dexmethylphenidate hcl cap er	10 MG ; 15 MG ; 20 MG ; 25 MG ; 30 MG ; 35 MG ; 40 MG ; 5 MG	Medicaid
Intuniv	guanfacine hcl tab er	1 MG ; 2 MG ; 3 MG ; 4 MG	Medicaid
Kapvay	Clonidine HCl Tab ER 12HR 0.1 MG	0.1 MG	Medicaid
Metadate cd	methylphenidate hcl cap er	10 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG	Medicaid
Methylin	Methylphenidate HCl Soln 10 MG/5ML	10 MG/5ML	Medicaid
Methylin	Methylphenidate HCl Soln 5 MG/5ML	5 MG/5ML	Medicaid
Procentra	Dextroamphetamine Sulfate Oral Solution 5 MG/5ML	5 MG/5ML	Medicaid
Qelbree	Viloxazine HCl Cap ER	150 MG	Medicaid
Qelbree	Viloxazine HCl Cap ER	200 MG	Medicaid
Qelbree	Viloxazine HCl Cap ER	100 MG	Medicaid
Quillichew er	Methylphenidate HCl Chew Tab Extended Release 20 MG	20 MG	Medicaid
Quillichew er	Methylphenidate HCl Chew Tab Extended Release 30 MG	30 MG	Medicaid
Quillichew er	Methylphenidate HCl Chew Tab Extended Release 40 MG	40 MG	Medicaid
Quillivant xr	methylphenidate hcl for er susp	25 MG/5ML	Medicaid
Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM)	45 MG	Medicaid
Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM)	63 MG	Medicaid
Relexxii	Methylphenidate HCl Tab ER Osmotic Release (OSM) 72 MG	72 MG	Medicaid
Ritalin	methylphenidate hcl tab	10 MG ; 20 MG ; 5 MG	Medicaid
Strattera	Atomoxetine HCl Cap 10 MG (Base Equiv)	10 MG	Medicaid
Strattera	Atomoxetine HCl Cap 100 MG (Base Equiv)	100 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Strattera	Atomoxetine HCl Cap 18 MG (Base Equiv)	18 MG	Medicaid
Strattera	Atomoxetine HCl Cap 25 MG (Base Equiv)	25 MG	Medicaid
Strattera	Atomoxetine HCl Cap 40 MG (Base Equiv)	40 MG	Medicaid
Strattera	Atomoxetine HCl Cap 60 MG (Base Equiv)	60 MG	Medicaid
Strattera	Atomoxetine HCl Cap 80 MG (Base Equiv)	80 MG	Medicaid
Vyvanse	lisdexamfetamine dimesylate cap	10 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG ; 70 MG	Medicaid
Vyvanse	lisdexamfetamine dimesylate chew tab	10 MG ; 20 MG ; 30 MG ; 40 MG ; 50 MG ; 60 MG	Medicaid
Xelstrym	Dextroamphetamine TD Patch	9 MG/9HR	Medicaid
Xelstrym	Dextroamphetamine TD Patch	4.5 MG/9HR	Medicaid
Xelstrym	Dextroamphetamine TD Patch	18 MG/9HR	Medicaid
Xelstrym	Dextroamphetamine TD Patch	13.5 MG/9HR	Medicaid
Zenzedi	Dextroamphetamine Sulfate Tab 10 MG	10 MG	Medicaid
Zenzedi	Dextroamphetamine Sulfate Tab 15 MG	15 MG	Medicaid
Zenzedi	Dextroamphetamine Sulfate Tab 2.5 MG	2.5 MG	Medicaid
Zenzedi	Dextroamphetamine Sulfate Tab 20 MG	20 MG	Medicaid
Zenzedi	Dextroamphetamine Sulfate Tab 30 MG	30 MG	Medicaid
Zenzedi	Dextroamphetamine Sulfate Tab 5 MG	5 MG	Medicaid
Zenzedi	Dextroamphetamine Sulfate Tab 7.5 MG	7.5 MG	Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL Standalone	**Quantity limit for the Target Agent(s)** will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: A. BOTH of the following: 1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication **AND** 2. There is support for therapy with a higher dose for the requested indication **OR** B. BOTH of the following: 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND** 2. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit **OR** C. BOTH of the following: 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication **AND** 2. There is support for therapy with a higher dose for the requested indication **Length of Approval**: up to 12 months

