Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Evekeo (amphetamine sulfate)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year – ADHD and narcolepsy 12 weeks – exogenous obesity

**Louisiana, Washington and Maryland Medicaid – See State Specific Information Below*

Medications	Quantity Limit
Evekeo (amphetamine sulfate)	May be subject to quantity limit

APPROVAL CRITERIA

Note: Attention deficit hyperactivity disorder (ADHD) may also be referred to as attention deficit disorder (ADD).

Requests for Evekeo (amphetamine sulfate) in the treatment of ADHD and narcolepsy may be approved when the following criteria are met:

I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred agent;
   - Preferred agents: atomoxetine, clonidine extended-release, dexmethylphenidate (IR and XR), dextroamphetamine-amphetamine tablet (IR and ER), dextroamphetamine tablet, dextroamphetamine SR capsules, the following generic methylphenidate agents [methylphenidate ER/SR/CR tablet, methylphenidate tablet/oral solution, methylphenidate ER 24-hr tablet (AB-rated generic Concerta), methylphenidate CD/ER/LA capsule], Metadate ER.

OR

II. The preferred agent is not FDA-approved for the prescribed indication; **OR**

III. The preferred agent is not acceptable due to concomitant clinical conditions, such as but not limited to the following:
   A. Individual's age: **OR**
   B. Other known disease state or medication contraindication which is not also associated with the requested non-preferred agent;

AND

IV. Individual is 3 years of age or older; **AND**

V. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD); **OR**

VI. Individual is 6 years of age or older; **AND**

VII. Individual has a diagnosis of narcolepsy.

Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

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Requests for Evekeo (amphetamine sulfate) as an adjunct treatment of exogenous obesity may be approved for a maximum of **12 weeks** if the individual meets all of the following criteria (**Applicable in CA and VA MCD ONLY**):

I. Individual has a BMI of 30 kg/m2 or greater; **AND**
II. Individual has attempted to lose weight through a formalized weight management program (hypocaloric diet, exercise, and behavior modification) for at least 6 months prior to request for drug therapy; **AND**
III. Individual is currently maintained on a reduced calorie diet and exercise program; **AND**
IV. Individual is refractory to alternative therapy (including, but not limited to, other medications for weight loss); **AND**
V. Individual is NOT receiving other medications for weight loss at the same time.

Evekeo (amphetamine sulfate) may **NOT** be approved in the presence of the following diagnoses:

I. Advanced arteriosclerosis; **OR**
II. Symptomatic cardiovascular disease; **OR**
III. Moderate to severe hypertension; **OR**
IV. Hyperthyroidism; **OR**
V. Agitated states; **OR**
VI. In individuals with a history of drug abuse.

Note: Amphetamine products have a black box warning for a potential for abuse. Amphetamines have a high potential for abuse. Administration of amphetamines for prolonged periods of time may lead to drug dependence. Special attention should be made to the possibility of non-therapeutic use or distribution to others. Misuse of amphetamines may cause sudden death and serious cardiovascular adverse reactions.

Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

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State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Louisiana		6.3.6.4. The MCO shall have a DHH approved pharmacy management program and approach to stimulant prescribing for children under age 6 and persons age 18 or older. ~ All ADHD Medications for children younger than 6 years of age AND greater than 17 years of age require Prior
Washington		• No Quantity Limits, duplication of therapy or duration will apply for adults 18 years of age and older • Provide indefinite coverage for members 21 years of age and younger ONLY IF PREVIOUSLY PRESCRIBED o If the member comes to us on the ADHD therapy, they can remain on that therapy regardless of formulary status (would need to have been on the same medication for 30 days within the past 90 days)
Maryland		• Behavioral health carved out in Maryland; however, pharmacy coverage is provided for the following agents and above criteria will be applied: o Kapvay (and generic) o Intuniv (and generic)

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: http://www.clinicalpharmacology.com. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed April 21, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.