

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

\*FHK- Florida Healthy Kids

## Vyvanse (lisdexamfetamine dimesylate)

Override(s)	Approval Duration
Prior Authorization	1 year

### APPROVAL CRITERIA

Requests for Vyvanse (lisdexamfetamine dimesylate) may be approved if the following criteria is met:

- I. Individual has been on Vyvanse (lisdexamfetamine dimesylate) in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial);
- OR**
- II. Individual is 6 years of age or older; **AND**
  - III. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD);
- AND**
- IV. Individual has had an appropriate trial of **one** of the following:
    - a. Methylphenidate extended-release; **OR**
    - b. Extended-release amphetamine/dextroamphetamine salt combination; **OR**
  - V. Individual has been diagnosed with coexisting ADHD and substance use disorder;
- OR**
- VI. Individual is 18 years of age or older; **AND**
  - VII. Individual has a diagnosis of binge-eating disorder.

Requests for Vyvanse (lisdexamfetamine dimesylate) may not be approved for the following:

- I. Weight loss

**Note:** Attention deficit hyperactivity disorder (ADHD) may also be referred to as attention deficit disorder (ADD). Vyvanse (lisdexamfetamine) has black box warnings for abuse and dependence. CNS stimulants 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.

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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 Authorization~
Washington		<ul style="list-style-type: none"> <li>• No Quantity Limits, duplication of therapy or duration will apply for adults 18 years of age and older</li> <li>• Provide indefinite coverage for members 21 years of age and younger ONLY IF PREVIOUSLY PRESCRIBED <ul style="list-style-type: none"> <li>○ 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)</li> </ul> </li> </ul>

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.