UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

<table>
<thead>
<tr>
<th>Program Number</th>
<th>2017 P 1020-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Prior Authorization/Notification – CNS Stimulants</td>
</tr>
</tbody>
</table>
| Medication     | Adderall* (amphetamine-dextroamphetamine mixed salts), Adderall XR (amphetamine-dextroamphetamine mixed salts extended-release), Aptensio XR* (methylphenidate extended-release), Adzenys XR-ODT (amphetamine)*, Concerta (methylphenidate extended-release*), Daytrana* (methylphenidate transdermal), Desoxyn (methamphetamine), Dexedrine (dextroamphetamine), Dyanavel XR* (ampheta
Ritalin SR, and Ritalin LA* will be approved based on one of the following:

1. The patient is less than 12 years of age

-OR-

2. Both of the following:

   a. The patient is 12 years of age or older

   -AND-

   b. The patient has one of the following diagnoses:

      (1) Attention-deficit hyperactivity disorder (ADHD) or attention-deficit disorder (ADD)
      (2) Depression
      (3) Narcolepsy
      (4) Other hypersomnia of central origin
      (5) Autism Spectrum Disorder
      (6) Mental fatigue secondary to traumatic brain injury (e.g. post-concussion syndrome)
      (7) Fatigue associated with medical illness in patients in palliative or end of life care.

Authorization will be issued for 12 months.

B. Vyvanse Initial Authorization

1. Vyvanse will be approved based on one of the following:

   a. The patient is less than 12 years of age

   -OR-

   b. Both of the following:

      (1) The patient is 12 years of age or older

      -AND-

      (2) The patient has one of the following diagnoses:
(a) Attention-deficit hyperactivity disorder (ADHD) or attention-deficit disorder (ADD)
(b) Depression
(c) Narcolepsy
(d) Other hypersomnia of central origin
(e) Autism Spectrum Disorder
(f) Mental fatigue secondary to traumatic brain injury (e.g. post-concussion syndrome)
(g) Fatigue associated with medical illness in patients in palliative or end of life care.

-OR-

c. **All** of the following:

(1) The patient is 12 years of age or older

-AND-

(2) The patient has **Moderate to Severe Binge Eating Disorder (BED)**

-AND-

(3) The patient meets **both** of the following:

(a) Patient has had binge eating disorder for 3 months or longer
(b) Patient has between 4 and 13 binge-eating episodes per week

-AND-

(4) The patient meets **three (3)** or more of the following:

(a) Patient eats much more rapidly than normal
(b) Patient eats until feeling uncomfortably full
(c) Patient eats large amounts of food when not feeling physically hungry
(d) Patient eats alone because of feeling embarrassed by how much one is eating
(e) Patient feels disgusted with oneself, depressed, or very guilty after binge-eating

**Authorization will be issued for 3 months for Moderate to Severe Binge Eating Disorder and 12 months for all other approved indications**
C. **Reauthorization for Vyvanse**

1. **Vyvanse** will be reauthorized based on **one** of the following:
   
a. The patient is less than 12 years of age
   
   **-OR-**
   
b. **Both** of the following:
   
   (1) The patient is 12 years of age or older
   
   **-AND-**
   
   (2) The patient has **one** of the following diagnoses:
   
   (a) Attention-deficit hyperactivity disorder (ADHD) or attention-deficit disorder (ADD)
   (b) Depression
   (c) Narcolepsy
   (d) Other hypersomnia of central origin
   (e) Autism Spectrum Disorder
   (f) Mental fatigue secondary to traumatic brain injury (e.g. post-concussion syndrome)
   (g) Fatigue associated with medical illness in patients in palliative or end of life care.
   
   **-OR-**
   
c. **All** of the following:
   
   (1) The patient is 12 years of age or older
   
   **-AND-**
   
   (2) The patient has **Moderate to Severe Binge Eating Disorder (BED)**
   
   **-AND-**
   
   (3) Documentation of positive clinical response (e.g., meaningful reduction in the number of binge eating episodes or binge days per week from baseline, improvement in the signs and symptoms of binge eating disorder) to Vyvanse therapy.
3. **Additional Clinical Programs:**
   *Typically excluded from coverage.

   Supply Limits may also be in place.

4. **References:**

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<thead>
<tr>
<th>Program</th>
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<tbody>
<tr>
<td><strong>Change Control</strong></td>
<td></td>
</tr>
<tr>
<td>8/2013</td>
<td>Added Zenzedi to coverage criteria. Changed Liquadd to Procentra</td>
</tr>
<tr>
<td>8/2014</td>
<td>Updated references, formatting changes.</td>
</tr>
<tr>
<td>10/2014</td>
<td>Added Autism Spectrum Disorder to list of covered indications.</td>
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<tr>
<td>4/2015</td>
<td>Added Binge Eating Disorder to the list of covered indications for Vyvanse due to new FDA approved indication.</td>
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<tr>
<td></td>
<td>Added Evekeo to coverage criteria.</td>
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<tr>
<td>2/2016</td>
<td>Added Aptensio XR, QuilliChew and Dyanavel XR to criteria.</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>3/2017</td>
<td>Annual review. Added Adzenys XR to criteria. Consolidated sections A and B. Updated references.</td>
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</table>

indication for mental fatigue secondary to traumatic brain injury. Changed criteria for end of life fatigue associated with cancer to fatigue associated with medical illness in patients in palliative or end of life care. Updated references.