



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

AMPHETAMINE SULFATE ODT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
AMPHETAMINE SULFATE	EVEKEO ODT		45976 45977 45978 45979	GPI-14 (61100010107210, 61100010107220, 61100010107230, 61100010107240)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of attention deficit disorder with hyperactivity (ADHD) and meet **ALL** of the following criteria?

- The patient is 6 to 17 years of age
- The patient is unable to swallow amphetamine sulfate tablets
- The patient had a trial of **TWO** of the following immediate-release stimulant medications: methylphenidate, dexamethylphenidate, amphetamine, dextroamphetamine, dextroamphetamine-amphetamine

If yes, **approve the requested strength for 12 months by GPID or GPI-14 with the following quantity limits:**

- **5 mg: #8 per day.**
- **10 mg: #4 per day.**
- **15 mg and 20 mg: #2 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **AMPHETAMINE SULFATE ODT (Evekeo ODT)** requires the following rule(s) be met for approval:

- A. You have attention deficit disorder with hyperactivity (ADHD: difficulty paying attention)
- B. You are 6 to 17 years of age
- C. You are unable to swallow amphetamine sulfate tablets
- D. You had a trial of TWO of the following immediate-release stimulant medications: methylphenidate, dexamethylphenidate, amphetamine, dextroamphetamine, dextroamphetamine-amphetamine

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE



**STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES**

AMPHETAMINE SULFATE ODT

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Evekeo ODT.

REFERENCES

- Evekeo ODT [Prescribing Information]. Atlanta, GA: Arbor Pharmaceuticals LLC; September 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/23

Created: 11/22

Client Approval: 02/23

P&T Approval: 10/22