AMPHETAMINE SULFATE

Generic	Brand	HICL	GCN	Exception/Other
AMPHETAMINE SULFATE	EVEKEO		19821 19822	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of narcolepsy **AND** meet the following criterion?
   - The patient is 6 years of age or older

   If yes, **approve the requested strength for 12 months by GPID (19821or 19822) with a quantity limit of #6 tablets per day.**
   If no, continue to #2.

2. Does the patient have a diagnosis of attention deficit disorder with hyperactivity and meet **ALL** of the following criteria?
   - The patient is 3 years of age or older
   - The patient had a previous trial of at least **ONE** of the following stimulant medications: mixed amphetamine salts (Adderall IR), methylphenidate (Ritalin IR), or dextroamphetamine (Dexedrine)

   If yes, **approve the requested strength for 12 months by GPID (19821 or 19822) with a quantity limit of #4 tablets per day.**
   If no, continue to #3.

3. Is the requested medication being used for weight loss or exogenous obesity?

   If yes, continue to #4.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

4. Are weight loss products (anti-obesity medications) a covered benefit?

   If yes, continue to #5.
   If no, guideline does not apply for plans that exclude treatment of obesity.

5. Is this an initial request (per MRF and claims history)?

   If yes, continue to #6.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of the guideline.

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AMPHETAMINE SULFATE

GUIDELINES FOR USE (CONTINUED)

6. Does the patient meet **ALL** of the following criteria?
   - The patient is 12 years of age or older
   - The patient had a previous trial of other weight loss medications (e.g., Contrave, Belviq, Qsymia, Xenical, phentermine, phendimetrazine, benzphetamine, diethylpropion)

   If yes, **approve the requested strength for 12 weeks by GPID (19821 or 19822) with a quantity limit of #3 tablets per day.**
   If no, do not approve.
   DENIAL TEXT: The guideline named **AMPHETAMINE SULFATE (Evekeo)** requires a diagnosis of narcolepsy, attention deficit disorder with hyperactivity, or use for weight loss or exogenous obesity. In addition, the following criteria must be met:
   For the diagnosis of narcolepsy, approval requires:
   - The patient is 6 years of age or older

   For the diagnosis of attention deficit disorder with hyperactivity, approval requires:
   - The patient is 3 years of age or older
   - The patient had a previous trial of at least ONE of the following stimulant medications: mixed amphetamine salts (Adderall IR), methylphenidate (Ritalin IR), dextroamphetamine (Dexedrine)

   For weight loss or exogenous obesity, approval requires:
   - The patient is 12 years of age or older
   - The patient had a previous trial of other weight loss medications (e.g., Contrave, Belviq, Qsymia, Xenical, phentermine, phendimetrazine, benzphetamine, diethylpropion)
   - **Note:** The approval of Evekeo for use as a short-term adjunct in a regimen of weight reduction is for a maximum duration of 12 weeks

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

REFERENCES

- Evekeo [Prescribing Information]. Atlanta, GA: Arbor Pharmaceuticals LLC; October 2016.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 10/01/19
Created: 05/15
Client Approval: 08/19
P&T Approval: 07/19