ADD/ADHD – Stimulants and Related Agents

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	**DS** – Maximum Days' Supply Allowed	**PU** – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	**DT** – Duration of Therapy Limit	**QL** – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	**DX** – Diagnosis Code Requirement	**RX** – Specific Prescription Requirement
CL – Additional Clinical Information is Required	**ER** – Early Refill	**TD** – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	**MD** – Maximum Dose Limit	**YQ** – Yearly Quantity Limit
DD – Drug-Drug Interaction	**MME** – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits

~~**AL** – Armodafinil and modafinil are limited to use in recipients who are at least 17 years of age. Pitolisant and solriamfetol are limited to use in recipients who are at least 18 years of age.~~

AL – The agents listed in the table to the right are limited to use in recipients who meet specific age requirements.

Minimum Age Requirements	
Generic (Brand Example)	**Minimum Age**
Armodafinil (Nuvigil®)	17 years
Modafinil (Provigil®)	17 years
Pitolisant (Wakix®)	6 years
Solriamfetol (Sunosi®)	18 years

BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for all agents (except pitolisant and solriamfetol) when requested for recipients who are younger than 7 years of age.

CU – Armodafinil, modafinil, pitolisant and solriamfetol are monitored at the pharmacy POS for concurrent use with sedative hypnotics.

DX – Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found at THIS LINK.

- Because some agents used for ADHD are also commonly used for hypertension/heart conditions (*clonidine immediate-release tablet, clonidine patch, guanfacine immediate-release tablet*), these agents *do not require a diagnosis at the pharmacy POS if the recipient is 21 years of age or older.*

TD – These agents are monitored at the pharmacy POS for duplication of therapy.

- Armodafinil, modafinil, pitolisant and solriamfetol with each other.
- Armodafinil, modafinil, pitolisant and solriamfetol with any other stimulant or related agent.
- Short-acting ADHD agents with other short-acting ADHD agents.
- Long-acting ADHD agents with other long-acting ADHD agents.
- ADHD agents written by **TWO** different prescribers.
- Atomoxetine (Strattera®) with viloxazine (Qelbree™).

QL – Selected agents have quantity limits as listed in the chart to the right.

Quantity Limits for Selected ADD/ADHD Stimulants and Related Agents	
Generic (Brand Example)	**Quantity Limit**
Amphetamine Salt Combo ER capsule (Adderall XR®)	30 capsules per 30 days
Amphetamine/Dextroamphetamine XR capsule (Mydayis®)	30 capsules per 30 days

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Revision / Date	Implementation Date
Created POS Document	February 2020
Added pitolisant / November 2019	March 2020
Added solriamfetol / November 2019	March 2020
Modified to apply new age requirement for behavioral health clinical authorization / September 2020	January 2021
Added viloxazine / May 2021	October 2021
Added quantity limits for selected agents / November 2021	April 2022
Policy clarification / July 2022	October 2022
Formatting changes / August 2023	October 2023
Updated age limit for Wakix® / August 2024	January 2025