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 – 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
Lisdexamfetamine capsule/chewable tablet (Vyvanse®)	30 capsules/chewable tablets 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
Added quantity limits for Vyvanse® / November 2024	March 2025