

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	
<p>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.</p>		
<p>CU – Armodafinil, modafinil, pitolisant and solriamfetol are monitored at the pharmacy POS for concurrent use with sedative hypnotics.</p>		
<p>DX – Pharmacy claims for all agents must be submitted with an appropriate diagnosis code found at THIS LINK.</p> <ul style="list-style-type: none"> - Because some agents used for ADHD are also commonly used for hypertension/heart conditions (<i>clonidine immediate-release tablet, clonidine patch, guanfacine immediate-release tablet</i>), these agents <i>do not require a diagnosis at the pharmacy POS if the recipient is 21 years of age or older.</i> 		
<p>TD – These agents are monitored at the pharmacy POS for duplication of therapy.</p> <ul style="list-style-type: none"> - 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™). 		

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POS Edits		
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 XR ODT (Adzenys XR ODT®)	30 tablets per 30 days
	Amphetamine XR (Dyanavel XR®)	Tablet: 30 tablets per 30 days Suspension: 240 mls per 30 days
	Amphetamine Salt Combo ER (Adderall XR®)	30 capsules per 30 days
	Amphetamine/Dextroamphetamine XR (Mydayis®)	30 capsules per 30 days
	Armodafinil (Nuvigil®)	30 tablets per 30 days
	Atomoxetine (Strattera®)	30 capsules per 30 days
	Dexmethylphenidate ER (Focalin XR®)	30 capsules per 30 days
	Dextroamphetamine (Xelstrym®)	1 patch per day
	Lisdexamfetamine (Vyvanse®)	30 capsules/chewable tablets per 30 days
	Methylphenidate CD (Metadate CD®)	30 capsules per 30 days
	Methylphenidate ER (Aptensio XR®, Ritalin LA®, Jornay PM®, Concerta®, Metadate ER, QuilliChew ER®, Relexxii™)	30 units per 30 days
	Methylphenidate ER (Quillivant XR®)	360 mls per 30 days
	Methylphenidate XR ODT (Cotempla XR ODT®)	30 tablets per 30 days
	Methylphenidate (Daytrana®)	1 patch per day
	Modafinil (Provigil®)	30 tablets per 30 days
	Pitolisant (Wakix®)	30 tablets per 30 days
	Serdexmethylphenidate/Dexmethylphenidate (Azstarys™)	30 capsules per 30 days
	Solriamfetol (Sunosi™)	30 tablets per 30 days
Viloxazine (Qelbree™)	<u>100mg: 60 capsules per 30 days</u> <u>150mg: 60 capsules per 30 days</u> <u>200mg: 90 capsules per 30 days</u>	

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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
Added quantity limits for Nuvigil® and Provigil® / January 2025	June 2025
Added quantity limits for long-acting stimulants / March 2025	August 2025
<u>Modified quantity limit for Qelbree™ / February 2026</u>	<u>July 2026</u>