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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<table>
<tr><th colspan="3">POS Edits</th></tr>
<tr><td rowspan="6">AL – The agents listed in the table to the right are limited to use in recipients who meet specific age requirements.</td><td colspan="2">Minimum Age Requirements</td></tr>
<tr><td>Generic (Brand Example)</td><td>Minimum Age</td></tr>
<tr><td>Armodafinil (Nuvigil®)</td><td>17 years</td></tr>
<tr><td>Modafinil (Provigil®)</td><td>17 years</td></tr>
<tr><td>Pitolisant (Wakix®)</td><td>6 years</td></tr>
<tr><td>Solriamfetol (Sunosi®)</td><td>18 years</td></tr>
<tr><td colspan="3">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.</td></tr>
<tr><td colspan="3">CU – Armodafinil, modafinil, pitolisant and solriamfetol are monitored at the pharmacy POS for concurrent use with sedative hypnotics.</td></tr>
<tr><td colspan="3">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></tr>
<tr><td colspan="3">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™).</td></tr>
<tr><td rowspan="5">QL – Selected agents have quantity limits as listed in the chart to the right.</td><td colspan="2">Quantity Limits for Selected ADD/ADHD Stimulants and Related Agents</td></tr>
<tr><td>Generic (Brand Example)</td><td>Quantity Limit</td></tr>
<tr><td>Amphetamine XR ODT (Adzenys XR ODT®)</td><td>30 tablets per 30 days</td></tr>
<tr><td>Amphetamine XR (Dyanavel XR®)</td><td>Tablet: 30 tablets per 30 days
Suspension: 240 mls per 30 days</td></tr>
<tr><td>Amphetamine Salt Combo ER ~~capsule~~ (Adderall XR®)</td><td>30 capsules per 30 days</td></tr>
<tr><td>Amphetamine/Dextroamphetamine XR ~~capsule~~ (Mydayis®)</td><td>30 capsules per 30 days</td></tr>
</table>

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POS Edits		
	Armodafinil ~~tablet~~ (~~AG; Generic;~~ 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 ~~capsule/chewable tablet~~ (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 ~~tablet~~ (~~Generic;~~ 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™)	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
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