Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD) Medications

Clinical Criteria Information Included in this Document

IR Formulations

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References**: clinical publications and sources relevant to this clinical criteria

ER Formulations

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
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Non-stimulant Formulations (Except Clonidine ER)

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Clonidine ER

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**Note**: Click the hyperlink to navigate directly to that section.

**Revision Notes**

Reviewed and updated IR drug table, pages 3-4
Reviewed and updated Table 4, Table 6 and Table 10, pages 20-24
Reviewed and updated ER drug table, pages 25-28
Reviewed and updated Table 6 and Table 10, pages 36-40
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

IR Formulations

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

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Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD) 
IR Formulations 
Clinical Criteria Logic

1. Is the client less than (<) 3 years of age? 
   [] Yes – Deny 
   [] No – Go to #2

2. Does the client have a history of substance abuse in the last 365 days? 
   [] Yes – Deny 
   [] No – Go to #3

3. Is the request for greater than (> the Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose? 
   [] Yes – Deny 
   [] No – Go to #4

4. Does the client have a paid claim for another IR stimulant in the past 14 days? 
   [] Yes – Deny 
   [] No – Go to #5

5. Is the client less than (<) 6 years of age? 
   [] Yes – Go to #6 
   [] No – Go to #7

6. Is the request for amphetamine sulfate, amphetamine/dextroamphetamine, dextroamphetamine, dexamphetamine, Evekeo tablets, methylphenidate, Procentra, or Zenzedi? 
   [] Yes – Approve (365 days) 
   [] No – Deny

7. Is the client greater than or equal to (≥) 19 years of age? 
   [] Yes – Go to #8 
   [] No – Approve (365 days)

8. Does the client have a diagnosis of ADD/ADHD in the last 730 days? 
   [] Yes – Approve (365 days) 
   [] No – Go to #9

9. Does the client have a diagnosis of narcolepsy in the past 730 days? 
   [] Yes – Go to #10 
   [] No – Deny

10. Is the request for dexamphetamine, Evekeo ODT or methamphetamine? 
    [] Yes – Deny 
    [] No – Approve (365 days)
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

IR Formulations
Clinical Criteria Logic Diagram

The IR Formulations Clinical Criteria Logic Diagram is shown on the following page.
**Step 1**
Is the client less than 3 years of age?

**Step 2**
Does the client have a history of substance abuse in the last 365 days?

**Step 3**
Is the request for greater than the TX DFPS maximum daily dose?

**Step 4**
Does the client have a paid claim for another IR stimulant in the past 14 days?

**Step 5**
Is the client less than 6 years of age?

**Step 6**
Is the request for amphetamine salts, dextroamphetamine, dexmethylphenidate, Evekeo tablets, methylphenidate, Procentra, or Zenzedi?

**Step 7**
Is the client greater than or equal to 19 years of age?

**Step 8**
Does the client have a diagnosis of ADD/ADHD in the last 730 days?

**Step 9**
Does the client have a diagnosis of narcolepsy in the last 730 days?

**Step 10**
Is the request for dexmethylphenidate, Evekeo ODT or methamphetamine?
**Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)**

**IR Formulations**

Clinical Criteria Supporting Tables

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### Step 2 (history of substance abuse)

**Required quantity:** 1  
**Look back timeframe:** 365 days

#### History of Substance Abuse Diagnoses

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### Step 2 (history of substance abuse)

**Required quantity:** 1  
**Look back timeframe:** 365 days

#### History of Substance Abuse Diagnoses

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Step 2 (history of substance abuse)
Required quantity: 1
Look back timeframe: 365 days

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## Step 2 (history of substance abuse)
**Required quantity:** 1  
**Look back timeframe:** 365 days

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## Step 2 (history of substance abuse)

**Required quantity:** 1  
**Look back timeframe:** 365 days

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### Step 2 (history of substance abuse)

**Required quantity:** 1  
**Look back timeframe:** 365 days

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**Required quantity:** 1  
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**Step 2 (history of substance abuse)**

**Required quantity:** 1

**Look back timeframe:** 365 days

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Step 2 (history of substance abuse)
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## Step 2 (history of substance abuse)

**Required quantity:** 1

**Look back timeframe:** 365 days

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<td>OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL DELIRIUM</td>
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### Step 3 (Texas DFPS maximum recommended dose)

**Required quantity: 1**

#### TX DFPS Recommended Dosage

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<tr>
<th>Active Ingredient</th>
<th>Drug (brand)</th>
<th>Initial Dosage</th>
<th>Literature Based Maximum Dosage</th>
<th>FDA Approved Maximum Dosage for Children and Adolescents</th>
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<tbody>
<tr>
<td>AMPHETAMINE/DEXTROAMPHETAMINE SALTS</td>
<td>ADDERALL®</td>
<td>Age 3-5 years: 2.5mg/day Age ≥ 6 years: 5-10mg/day</td>
<td>Age 3-5 years: 30mg/day Age ≥ 6 years (≤ 50kg): 40mg/day Age ≥ 6 years (&gt; 50kg): 60mg/day</td>
<td>Approved for children 3 years and older: 40mg/day</td>
</tr>
<tr>
<td>AMPHETAMINE SULFATE</td>
<td>EVEKEO®</td>
<td>Age 3-5 years: 2.5-5mg/day Age ≥ 6 years: 5-10mg/day</td>
<td>Age ≥3 years: 40mg/day</td>
<td>Approved for children 3 years and older: 40mg/day</td>
</tr>
<tr>
<td></td>
<td>EVEKEO ODT™</td>
<td>Age ≥ 6 years: 5mg/day</td>
<td>Ages 6-17 years: 40mg/day</td>
<td>Ages 6-17 years: 40mg/day</td>
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<tr>
<td>DEXMETHYLPHENIDATE</td>
<td>FOCALIN®</td>
<td>Age ≥ 6 years: 2.5mg twice daily</td>
<td>Age ≥ 6 years: 50mg/day</td>
<td>Approved for children 6 years and older: 20mg/day</td>
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<tr>
<td>DEXTROAMPHETAMINE</td>
<td>DEXEDRINE®</td>
<td>Age 3-5 years: 2.5mg/day Age ≥ 6 years: 5-10mg/day</td>
<td>Age 3-5 years: 30mg/day Age ≥ 6 years (≤ 50kg): 40mg/day Age ≥ 6 years (&gt; 50kg): 60mg/day</td>
<td>Approved for children 3 years and older: 40mg/day</td>
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<tr>
<td></td>
<td>ZENZEDI® PROCENTRA®</td>
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<tr>
<td>METHAMPHETAMINE</td>
<td>DESOXYN®</td>
<td>5mg daily</td>
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<td>Approved for children 6 years and older: 25mg/day</td>
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<td>METHYLPHENIDATE</td>
<td>RITALIN® METHYLIN®</td>
<td>Age 3-5 years: 2.5mg twice daily Age ≥ 6 years: 5mg twice daily</td>
<td>Age 3-5 years: 22.5mg/day Age ≥ 6 years (≤ 50kg): 60mg/day Age ≥ 6 years (&gt; 50kg): 100mg/day</td>
<td>Approved for children 6 years and older: 60mg/day</td>
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### Step 4 (paid claim for another IR stimulant)

**Required quantity:** 1  
**Look back timeframe:** 14 days

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<thead>
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<th>IR Stimulants</th>
<th>GCN</th>
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<tr>
<td>ADDERALL 12.5MG TABLET</td>
<td>29008</td>
</tr>
<tr>
<td>ADDERALL 15MG TABLET</td>
<td>29009</td>
</tr>
<tr>
<td>ADDERALL 20MG TABLET</td>
<td>56973</td>
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<tr>
<td>ADDERALL 30MG TABLET</td>
<td>56972</td>
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<tr>
<td>ADDERALL 5MG TABLET</td>
<td>56970</td>
</tr>
<tr>
<td>ADDERALL 7.5MG TABLET</td>
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### Step 4 (paid claim for another IR stimulant)

**Required quantity:** 1  
**Look back timeframe:** 14 days

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### Step 6 (amphetamine salts immediate release tablets, dextroamphetamine immediate release tablets, dexamphetamine, Evekeo tablets, methylphenidate, Procentra, or Zenzedi)

**Required quantity:** 1

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**Step 6 (amphetamine salts immediate release tablets, dextroamphetamine immediate release tablets, dexamphetamine, Evekeo tablets, methylphenidate, Procentra, or Zenzedi)**

**Required quantity:** 1

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</table>
Step 6 (amphetamine salts immediate release tablets, dextroamphetamine immediate release tablets, dexmethylphenidate, Evekeo tablets, methylphenidate, Procentra, or Zenzedi)

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<th>GCN</th>
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<tr>
<td>ZENZEDI 7.5MG TABLET</td>
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Required quantity: 1

Step 8 (diagnosis of ADD or ADHD)

Required quantity: 1

Look back timeframe: 730 days

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<tr>
<td>F902</td>
<td>ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE</td>
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<td>F908</td>
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Step 9 (diagnosis of narcolepsy)

Required diagnosis: 1

Look back timeframe: 730 days

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<td>G47429</td>
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<td>G47421</td>
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**Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)**

**ER Formulations**

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
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## Drugs Requiring Prior Authorization

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## Drugs Requiring Prior Authorization

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<td>VYVANSE 70MG CAPSULE</td>
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</table>
1. Is the request for Mydayis?
   [ ] Yes – Go to #2
   [ ] No – Go to #3

2. Is the client less than (<) 13 years of age?
   [ ] Yes – Deny
   [ ] No – Go to #4

3. Is the client less than (<) 6 years of age?
   [ ] Yes – Deny
   [ ] No – Go to #4

4. Does the client have a history of substance abuse in the last 365 days?
   [ ] Yes – Deny
   [ ] No – Go to #5

5. Is the request for greater than (> the Texas Department of Family and Protective Services (DFPS) maximum recommended dose?
   [ ] Yes – Deny
   [ ] No – Go to #6

6. Does the client have a paid claim for another ER stimulant in the past 14 days?
   [ ] Yes – Deny
   [ ] No – Go to #7

7. Is the client greater than or equal to (≥) 19 years of age?
   [ ] Yes – Go to #8
   [ ] No – Approve (365 days)

8. Does the client have a diagnosis of ADD/ADHD in the last 730 days?
   [ ] Yes – Approve (365 days)
   [ ] No – Go to #9
9. Does the client have a diagnosis of narcolepsy in the last 730 days?
   [ ] Yes – Go to #10
   [ ] No – Deny

10. Is the request for methylphenidate extended release tablets, methylphenidate sustained release tablets, or dextroamphetamine extended release capsules?
    [ ] Yes – Approve (365 days)
    [ ] No – Deny
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

ER Formulations
Clinical Criteria Logic Diagram

The ER Formulations Clinical Criteria Logic Diagram is shown on the following page.
Step 1
Is the request for Mydayis?

Step 2
Is the client less than 13 years of age?

Step 3
Is the client less than 6 years of age?

Step 4
Does the client have a history of substance abuse in the last 365 days?

Step 5
Is the request for greater than the TX DFPS maximum recommended dose?

Step 6
Does the client have a paid claim for another ER stimulant in the past 14 days?

Step 7
Is the client greater than or equal to 19 years of age?

Step 8
Does the client have a diagnosis of ADD/ADHD in the last 730 days?

Step 9
Does the client have a diagnosis of narcolepsy in the last 730 days?

Step 10
Is the request for methylphenidate ER, methylphenidate SR, or dextroamphetamine ER?

Approve (365 days)

Deny

Approve (365 days)

Deny

Deny

Deny

Deny

Deny

Deny
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

ER Formulations
Clinical Criteria Supporting Tables

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<th>Step 4 (history of substance abuse)</th>
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For the list of diagnosis codes that pertain to this step, see the **History of Substance Abuse Diagnoses** table in the previous “Supporting Tables” section.
### Step 5 (Texas DFPS maximum recommended dose)

**Required quantity:** 1

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<th>Initial Dosage</th>
<th>Literature Based Maximum Dosage</th>
<th>FDA Approved Maximum Dosage for Children and Adolescents</th>
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<td>MYDAYIS®</td>
<td>Age 13-17 years: 12.5mg/day</td>
<td>Age ≥13 years: 25mg/day</td>
<td>Age 13-17 years: 25mg</td>
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<td>Age &gt; 17 years: 50mg</td>
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<td>ADDERALL® XR</td>
<td>Age 6-12 years: 5-10mg/day</td>
<td>Age ≥ 6 years (≤ 50kg): 30mg/day</td>
<td>Approved for children 6 years and older: 30mg/day</td>
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<td></td>
<td>Age ≥ 13 years: 10mg/day</td>
<td>Age ≥ 6 years (&gt; 50kg): 60mg/day</td>
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<td>DYANAVELO® XR</td>
<td>Age ≥ 6 years: 2.5–5mg/day</td>
<td>≥ 6 years: 20mg/day</td>
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<td>ADZENYS® XR-ODT0.</td>
<td>Age 6-17 years: 6.3mg/day</td>
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<td></td>
<td>Age 13-17 years: 12.5mg daily</td>
<td>Age 13-17 years: 12.5mg daily</td>
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<td>Age ≥ 6 years (&gt; 50kg): 60mg/day</td>
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<td>Age ≥ 6 years: 25mg/day</td>
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### Step 6 (paid claim for another ER stimulant)

**Required quantity:** 1  
**Look back timeframe:** 14 days

#### ER Stimulants

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### Step 6 (paid claim for another ER stimulant)
- **Required quantity:** 1
- **Look back timeframe:** 14 days

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### Step 6 (paid claim for another ER stimulant)

**Required quantity:** 1  
**Look back timeframe:** 14 days

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### Step 6 (paid claim for another ER stimulant)

**Required quantity:** 1  
**Look back timeframe:** 14 days

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### Step 8 (diagnosis of ADD or ADHD)

**Required quantity:** 1  
**Look back timeframe:** 730 days

For the list of diagnoses that pertain to this step, see the ADD/ADHD Diagnoses table in the previous “Supporting Tables” section.
Step 9 (diagnosis of narcolepsy)
Required diagnosis: 1
Look back timeframe: 730 days

For the list of diagnoses that pertain to this step, see the Narcolepsy Diagnoses table in the previous "Supporting Tables" section.

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Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)  
Non-stimulant Formulations (Except Clonidine ER)  
Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

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<td>STRATTERA 25MG CAPSULE</td>
<td>18778</td>
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<td>STRATTERA 40MG CAPSULE</td>
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<td>STRATTERA 60MG CAPSULE</td>
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<td>STRATTERA 80MG CAPSULE</td>
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Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)
Non-stimulant Formulations (Except Clonidine ER)
Clinical Criteria Logic

1. Is the client less than (<) 6 years of age?
   [ ] Yes – Deny
   [ ] No – Go to #2

2. Is the request for greater than (>) 2 units per day?
   [ ] Yes – Deny
   [ ] No – Go to #3

3. Is the client greater than or equal to (≥) 19 years of age?
   [ ] Yes – Go to #4
   [ ] No – Approve (365 days)

4. Does the client have a diagnosis of ADD/ADHD in the last 730 days?
   [ ] Yes – Approve (365 days)
   [ ] No – Deny
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)
Non-stimulant Formulations (Except Clonidine ER)
Clinical Criteria Logic Diagram

Step 1
Is the client less than 6 years of age?
Yes → Deny
No → Step 2

Step 2
Is the request for greater than 2 units per day?
Yes → Deny
No → Step 3

Step 3
Is the client greater than or equal to 19 years of age?
Yes → Approve (365 days)
No → Step 4

Step 4
Does the client have a diagnosis of ADD/ADHD in the last 730 days?
Yes → Deny
No → Approve (365 days)
Attention Deficit Disorder (ADD) / 
Attention Deficit Hyperactivity Disorder 
(ADHD) 
Non-stimulant Formulations (Except 
Clonidine ER) 
Clinical Criteria Supporting Tables

<table>
<thead>
<tr>
<th>Step 4 (diagnosis of ADD or ADHD)</th>
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<tbody>
<tr>
<td>Required quantity: 1</td>
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<tr>
<td>Look back timeframe: 730 days</td>
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</tbody>
</table>

For the list of diagnoses that pertain to this step, please see the ADD/ADHD Diagnoses table in a previous “Supporting Tables” section.
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Clonidine ER

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
<th>Label Name</th>
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<tbody>
<tr>
<td>CLONIDINE HCL ER 0.1MG TABLET</td>
<td>29139</td>
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</table>
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)
Clonidine ER
Clinical Criteria Logic

1. Is the client less than (<) 6 years of age?
   [ ] Yes – Deny
   [ ] No - Go to #2

2. Is the request for greater than (>) 4 units per day?
   [ ] Yes – Deny
   [ ] No – Go to #3

3. Is the client greater than or equal to (≥) 19 years of age?
   [ ] Yes – Go to #4
   [ ] No – Approve (365 days)

4. Does the client have a diagnosis of ADD/ADHD in the last 730 days?
   [ ] Yes – Approve (365 days)
   [ ] No – Deny
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Clonidine ER
Clinical Criteria Logic Diagram

**Step 1**
Is the client less than 6 years of age?
- **Yes** → Deny
- **No** → **Step 2**

**Step 2**
Is the request for greater than 4 units per day?
- **Yes** → Deny
- **No** → **Step 3**

**Step 3**
Is the client greater than or equal to 19 years of age?
- **Yes** → **Step 4**
- **No** → **Approve (365 days)**

**Step 4**
Does the client have a diagnosis of ADD/ADHD in the last 730 days?
- **Yes** → **Approve (365 days)**
- **No** → Deny
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Clonidine ER

Clinical Criteria Supporting Tables

Step 4 (diagnosis of ADD or ADHD)
Required quantity: 1
Look back timeframe: 730 days

For the list of diagnoses that pertain to this step, see the ADD/ADHD Diagnoses table in a previous “Supporting Tables” section.
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Clinical Criteria References


5. Texas Health and Human Services. Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th version). Developed by The Parameters Workgroup of the Psychiatric Executive Formulary Committee, Health and Specialty Care Division, Texas Health and Human Services Commission. Review and Input provided by The University of Texas at Austin College of Pharmacy, The UT System Medical Schools, Texas A&M Health Science Center and Texas Tech University Health Sciences Center. June 2019.


### Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/15/2013</td>
<td>Initial publication</td>
</tr>
<tr>
<td>04/16/2014</td>
<td>• Updated ER and NS written criteria</td>
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</table>
| 05/02/2014       | • Removed Clonidine ER from the non-stimulant edit and built a separate edit allowing for 4 units/day  
|                  | • In the Clonidine ER section, amended Step 2 in the criteria logic to “Is the request for greater than (> ) 4 units per day?”  
|                  | • In the Clonidine ER section, amended Step 2 in the criteria logic diagram to “Is the request for greater than (> ) 4 units per day?” |
| 06/20/2014       | • Revised step 3 in the IR Formulations clinical edit criteria logic section from “FDA maximum recommended dose” to “Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose”  
|                  | • Revised step 3 in the IR Formulations clinical edit criteria logic diagram from “FDA” to “TX DFPS”  
|                  | • In the IR Formulations section, added GCNs for dexamphetamine and methylphenidate to the supporting table for step 6 to reflect new age guidelines  
|                  | • In the IR Formulations section, added the GCN for methamphetamine to the supporting table for step 11  
|                  | • Revised step 3 in the ER Formulations clinical edit criteria logic from ”FDA maximum recommended dose” to “Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose”  
|                  | • Revised step 3 in the ER Formulations clinical edit criteria logic diagram from ”FDA” to “TX DFPS” |
| 02/27/2015       | • Revised approval duration for Step 8 in the clinical edit logic and diagram for IR formulations  
|                  | • Revised approval duration for Step 6 in the clinical edit logic and diagram for ER formulations  
|                  | • Revised approval duration for Step 4 in the clinical edit logic and diagram for Non-Stimulant Agents (including clonidine ER) |
| 03/27/2015       | • Removed Step 8 in the clinical edit logic and diagram for IR formulations  
|                  | • Removed Step 6 in the clinical edit logic and diagram for ER formulations  
<p>|                  | • Removed Step 4 in the clinical edit logic and diagram for Non-Stimulant Agents (including clonidine ER) |</p>
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<tr>
<th>Publication Date</th>
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<tbody>
<tr>
<td>04/06/2015</td>
<td>• Added GCN for Vyvanse 10mg</td>
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<tr>
<td>04/06/2015</td>
<td>• Updated to include ICD-10s</td>
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<tr>
<td>09/02/2015</td>
<td>• Updated to include Evekeo GCNs</td>
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<tr>
<td>10/07/2015</td>
<td>• Updated to include Texas DFPS maximum dosage recommendations for ER formulations</td>
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<tr>
<td>11/04/2015</td>
<td>• Updated the Texas DFPS dosage recommendation charts</td>
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<tr>
<td>12/22/2015</td>
<td>• Updated the approval duration on step 3 of the Clonidine ER criteria logic</td>
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<tr>
<td>02/01/2016</td>
<td>• Added Aptensio XR GCNs</td>
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<tr>
<td>05/19/2016</td>
<td>• Updated IR Drugs Requiring PA, page 3</td>
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<tr>
<td></td>
<td>• Updated Table 3 (added Zenzedi), page 21</td>
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<tr>
<td></td>
<td>• Reviewed and updated Table 4, page 22</td>
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<td>• Reviewed and updated Table 6, page 23</td>
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<td>• Updated ER Drugs Requiring PA, page 27</td>
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<td></td>
<td>• Updated Table 3 (Added Quillichew ER and Quillivant XR), page 34</td>
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<td>• Reviewed and updated Table 4, page 35</td>
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<td>• Reviewed and updated Table 8, page 38</td>
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<tr>
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<td>• Updated Clinical References, page 49</td>
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<tr>
<td>01/17/2017</td>
<td>• Updated TX DFPS Recommended Dosing Tables, page 21 and 34</td>
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<tr>
<td></td>
<td>• Added GCNs for Adzenys XR-ODT, Dyanavel and Quillichew to ‘Drugs Requiring PA’, pages 27-29 and Table 4, pages 36-38</td>
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<td></td>
<td>• Added GCNs for Dyanavel and Quillichew to Table 8, pages 39-41</td>
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<td>• Updated References, pages 50-51</td>
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<tr>
<td>05/02/2017</td>
<td>• Added GCNs for Vyvanse chewable tablets to ‘Drugs Requiring PA’, pages 29-30</td>
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<td>• Updated References, page 52</td>
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<td>08/15/2017</td>
<td>• Added GCNs for Mydayis and Cotempla XR-ODT to ‘Drugs Requiring PA’, pages 27-30</td>
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<tr>
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<td>• Updated ER criteria logic and diagram to include Mydayis, pages 31-34</td>
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<td>Publication Date</td>
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<tr>
<td>12/10/2018</td>
<td>Updated 'Drugs Requiring PA', pages 3-4 and 24-27 (Note: Methylin chewable tablet removed as product is no longer eligible for CMS rebates)</td>
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<tr>
<td>01/30/2019</td>
<td>Updated Table 8, page 39 (Removed drugs not specifically indicated for narcolepsy, including: Aptensio XR, Concerta, Daytrana, Quillichew, Quillivant, Ritalin LA and associated generic products)</td>
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<tr>
<td>03/21/2019</td>
<td>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA’ table.</td>
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</table>
| 09/16/2019      | Updated dosing guidelines to reflect the Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version).  
• Added GCNs for Jornay PM to drug tables in ER Formulations. |
| 09/25/2019      | Added GCNs for Evekeo ODT to drug tables in IR Formulations.  
• Updated IR formulations criteria logic and diagram to include Evekeo tablets for ages ≥ 3 and up and narcolepsy as an approvable diagnosis  
• Added GCNs for Adhansia XR to drug tables in ER Formulations. |
| 02/10/2020      | Reviewed and updated IR drug table, pages 3-4  
• Reviewed and updated Table 4, Table 6 and Table 10, pages 20-24  
• Reviewed and updated ER drug table, pages 25-28  
• Reviewed and updated Table 6 and Table 10, pages 36-40 |