



Custom Criteria for
BlueCross Blue Shield of Rhode Island
Commercial

**GENERIC AMPHETAMINE/
DEXTROAMPHETAMINE ER STEP THERAPY**

GPI CODING:

AMPHETAMINE/DEXTROAMPHETAMINE ER (generic only)	MSC = Y	611099021070**
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DESCRIPTION:

Amphetamine/dextroamphetamine ER is a CNS stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

APPROVAL DURATION:

Lifetime

CRITERIA

Patient had a trial or is intolerant to the preferred brand, Adderall XR.

RxAUTH CRITERIA QUESTIONS

1. Has the patient had a trial or is intolerant to the preferred brand, Adderall XR?

Yes = APPROVE x 12 months

No = DENY. The plan provides coverage of the prescribed drug when the patient has had a trial or is intolerant to the preferred brand, Adderall XR.

CLIENT ADOPTION CERTIFICATION

The Participating Group signed below hereby accepts and adopts as its own the utilization management criteria presented above for use on prior authorization requests as administered by OptumRx.

Approved via SN
Signature

March 1, 2016
Date

Blue Cross Blue Shield of Rhode Island
Client Name