

Attention Deficit Hyperactivity Disorder (ADHD) Stimulants
Effective 11/01/2025

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	Program Type	☐ Prior Authorization
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		☐ Quantity Limit ☒ Step Therapy
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled at least two different first-line medications or a second-line medication within the past 180 days.

FIRST-LINE	SECOND-LINE
amphetamine/dextroamphetamine ER capsule (generic Adderall XR) methylphenidate extended-release tablet (generic Concerta) dexamethylphenidate ER capsules (generic Focalin XR) methylphenidate CD capsules (generic Metadate CD) methylphenidate LA capsule (generic Ritalin LA)	Amphetamine/dextroamphetamine 3-bead ER capsule (generic Mydayis) Methylphenidate transdermal patch (generic Daytrana) QuilliChew ER (methylphenidate hydrochloride) tablet Quillivant XR suspension (methylphenidate hydrochloride) Dyanavel XR (amphetamine) oral suspension Dyanavel XR (amphetamine) tablet Vyvanse (lisdexamfetamine) capsule* Lisdexamfetamine capsule

*Brand Vyvanse capsule remains on formulary during shortage of lisdexamfetamine capsule.

ER: extended-release

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted when the following criteria are met:

1. Member meets ONE of the following criteria:
 - a. Member has had a trial and failure, adverse reaction, or contraindication to at least two first-line long-acting stimulants
 - b. Member has had a trial and failure with at least one second-line long-acting stimulant
 - c. Request is for lisdexamfetamine capsule AND the member has a diagnosis of binge-eating disorder

Limitations

1. Approvals will be granted for 12 months.
2. The following quantity limits apply

Drug Name and Dosage Form	Quantity Limit
Amphetamine/dextroamphetamine ER capsule (generic Adderall XR) 5 mg, 10 mg, 15 mg	1 capsule per day
Amphetamine/dextroamphetamine ER capsule (generic Adderall XR) 20 mg, 25 mg, 30 mg	2 capsules per day
amphetamine/dextroamphetamine 3-bead ER capsule (generic Mydayis)	1 capsule per day
Dexmethylphenidate ER capsule (generic Focalin XR)	1 capsule per day
Dyanavel XR (amphetamine ER) 2.5 mg/mL oral suspension	8 mL per day
Dyanavel XR (amphetamine ER) tablet	1 tablet per day
Methylphenidate ER transdermal patch (generic Daytrana)	1 patch per day
methylphenidate LA capsule (generic Ritalin LA)	1 capsule per day
Methylphenidate ER tablet (generic Concerta) 18 mg, 27 mg, 54 mg	1 tablet per day
Methylphenidate ER tablet (generic Concerta) 36 mg	2 tablets per day
Methylphenidate ER tablet (CD) capsule (generic Metadate CD)	1 capsule per day
Quillichew ER (methylphenidate) tablet 20 mg, 40 mg	1 tablet per day
Quillichew ER (methylphenidate) tablet 30 mg	2 tablets per day
Quillivant XR (methylphenidate) oral suspension	12 mL per day
Lisdexamfetamine (Vyvanse) capsule	1 capsule per day

References

1. Adderall XR (dextroamphetamine/amphetamine) [prescribing information]. Cambridge, MA: Takeda Pharmaceuticals America, Inc; March 2025.
2. Concerta (methylphenidate) [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; October 2023.
3. Daley D, van der Oord S, Ferrin M, et al. Behavioral interventions in attention-deficit/hyperactivity disorder: a meta-analysis of randomized controlled trials across multiple outcome domains. J Am Acad Child Adolesc Psychiatry 2014; 53:835.
4. Daytrana (methylphenidate) [prescribing information]. Miami, FL: Noven Therapeutics; June 2025.
5. Dyanavel XR (amphetamine) [prescribing information]. Monmouth Junction, NJ: Tris Pharma; October 2023.



6. Evans SW, Owens JS, Bunford N. Evidence-based psychosocial treatments for children and adolescents with attention-deficit/hyperactivity disorder. *J Clin Child Adolesc Psychol* 2014; 43:527.
7. Focalin XR (dexamethylphenidate) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2023.
8. Gleason MM, Goldson E, Yogman MW, et al. Addressing Early Childhood Emotional and Behavioral Problems. *Pediatrics* 2016; 138
9. McElroy SL, Hudson J, Ferreira-Cornwell MC, et al. Lisdexamfetamine Dimesylate for Adults with Moderate to Severe Binge Eating Disorder: Results of Two Pivotal Phase 3 Randomized Controlled Trials. *Neuropsychopharmacology* 2016; 41:1251.
10. McElroy SL, Hudson JI, Mitchell JE, et al. Efficacy and safety of lisdexamfetamine for treatment of adults with moderate to severe binge-eating disorder: a randomized clinical trial. *JAMA Psychiatry* 2015; 72:235.
11. Metadate CD (methylphenidate extended-release) [prescribing information]. Aytu BioPharma: Denver, CO; October 2023.
12. Methylphenidate extended-release tablets (methylphenidate) [prescribing information]. Pine Brook, NJ: Alvogen, Inc; January 2018
13. Quillivant XR (methylphenidate) [prescribing information]. Monmouth Junction, NJ: Tris Pharma, Inc; October 2023.
14. QuilliChew (methylphenidate) extended-release chewable tablets [prescribing information]. Monmouth Junction, NJ: Tris Pharma, Inc; October 2023.
15. Ritalin LA (methylphenidate) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2023.
16. Vyvanse (lisdexamfetamine) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals, Inc; October 2023.

Review History

06/27/05 – Updated
 04/24/06 – Reviewed
 04/23/07 – Reviewed
 11/26/07 – Updated
 04/28/08 – Updated
 04/27/09 – Updated
 04/26/10 – Reviewed
 04/25/11 – Updated
 04/06/09 – Generic Adderall XR
 12/15/10 – Disclaimer
 05/17/11 – Generic Concerta
 02/03/12 – Ritalin LA generic
 04/23/12 – Reviewed
 12/01/12 – Kapvay pack and Metadate CD generic
 04/22/13 – Reviewed
 02/24/14 – Kapvay tabs generic
 04/28/14 – Reviewed
 11/26/18 – Restructured program – Brands 2nd line and generics 1st line
 04/17/19 – Added Narcolepsy diagnosis.
 08/13/2025 – Reviewed and updated at August P&T. Updated criteria to include language for members who are new to the Plan. Added generic Mydayis to the step therapy program and clarified that brand Vyvanse remains covered during shortage. Updated approval criteria to align with step therapy configuration and allow approval



for lisdexamfetamine capsule for the treatment of binge-eating disorder. Added quantity limits to the Limitations section of the policy. Effective 11/01/2025.

