Mass General Brigham
Health Plan

Attention Deficit Hyperactivity Disorder (ADHD) Stimulants Step Therapy
Effective 01/01/2027

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☐ Prior Authorization ☐ Quantity Limit ☒ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

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) dexmethylphenidate 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) 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
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR

Authorization may be granted when all of 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 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
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. Dyanavel XR (amphetamine) [prescribing information]. Monmouth Junction, NJ: Tris Pharma; October 2023.
5. 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.
6. Focalin XR (dexmethylphenidate) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2023.
7. Gleason MM, Goldson E, Yogman MW, et al. Addressing Early Childhood Emotional and Behavioral Problems. Pediatrics 2016; 138
8. 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.

9. 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.
10. Metadate CD (methylphenidate extended-release) [prescribing information]. Aytu BioPharma: Denver, CO; October 2023.
11. Methylphenidate extended-release tablets (methylphenidate) [prescribing information]. Pine Brook, NJ: Alvogen, Inc; January 2018
12. Quillivant XR (methylphenidate) [prescribing information]. Monmouth Junction, NJ: Tris Pharma, Inc; October 2023.
13. Ritalin LA (methylphenidate) [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; October 2023.
14. 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.
04/15/2026 – Reviewed and updated at April P&T. Updating language for members who are new to the Plan. Removing generic Daytrana from the policy, as agent is moving to nonformulary status. Effective 07/01/2026.
09/09/2026 – Reviewed and updated at September P&T. Removing Quillichew ER from the policy, as agent is moving to nonformulary status. Effective 01/01/2027.