

Government Health Plan (GHP) of Puerto Rico

## **Authorization Criteria –Amphetamine XR Susp (Dyanavel XR)**

### **Managed by MCO**

#### **Section I. Prior Authorization Criteria for 6 to 20 years.**

- A. Prescriber restriction: child and adolescents psychiatrist
- B. Patient must have been diagnosed with:
  - 1. Attention Deficit Disorder with Hyperactivity. (ICD-10 F90.0, F90.1, F90.2 or F90.9).
- C. The medication will be limited to children over six years of age up to twenty years (6 to 20 years).
- D. The prescriber should document patient has a medical condition that limits their ability to swallow solid presentations of stimulants or amphetamines available in the formulary.

#### **Section II. Prior Authorization Criteria for $\geq$ 21 years**

- A. Physician must document patient's age: Twenty one years and older ( $\geq$  21 years).
- B. Prescriber restriction: child and adolescents psychiatrist.
- C. Patient must have been diagnosed with: Attention Deficit Disorder with Hyperactivity. (ICD-10 F90.0, F90.1, F90.2 or F90.9).
- D. The prescriber should document patient has a medical condition that limits their ability to swallow solid presentations of stimulants or amphetamines available in the formulary.

#### **Section IIa. Additional criteria**

- E. Medical justification due to at least one of the following reasons:
  - a. To improve functioning at work.
  - b. To improve academic performance or learning.

- F. Annual periodic reevaluation with Psychiatrist must be required after twelve (12) months of treatment.

## Section II. References

1. Dyanavel® [package insert]. Tris Pharma; Monmouth Junction, NJ, 2015.

## Section III. Review Log

<b>Approved:</b>	<b>October 29, 2015</b>
<b>Revised:</b>	December 1, 2016
<b>Revised:</b>	
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GPI	GPI NAME
6110001000G120	Amphetamine Extended Release Susp 2.5 MG/ML

NDC	NDC NAME