

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

serdexmethylphenidate and dexmethylphenidate (Azstarys)

### Notes:

- Quantity Limits: Yes
- ^ Adequate trial of a long acting agent is further defined as wearing off that is not resolved by increasing the dose, AND adding a short-acting agent OR increasing frequency to twice daily OR clinically significant side effects related to the dosage form that cannot be resolved by adjusting the dose or timing.
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-formulary **serdexmethylphenidate and dexmethylphenidate (Azstarys)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD)
- Patient has failed an adequate trial<sup>^</sup> of a methylphenidate or dexmethylphenidate product or patient has intolerance\* to methylphenidate
- Patient has failed an adequate trial<sup>^</sup> of an amphetamine or dextroamphetamine product or patient has intolerance\* to amphetamine and dextroamphetamine
- Patient has failed an adequate trial<sup>^</sup> of lisdexamfetamine or patient has intolerance\* to lisdexamfetamine

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **serdexmethylphenidate and dexmethylphenidate (Azstarys)** will be covered on the prescription drug benefit for \*\*\* months when the following criteria are met:

- Patient has a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD)
- Patient is already stable on serdexmethylphenidate and dexmethylphenidate (Azstarys)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **serdexmethylphenidate and dexmethylphenidate (Azstarys)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Attention Deficit and Hyperactivity Disorder (ADHD)
- Patient is age 6 to 20 years old **OR**
- Patient has failed an adequate trial<sup>^</sup> of a methylphenidate or dexmethylphenidate product or patient has intolerance\* to methylphenidate
- Patient has failed an adequate trial<sup>^</sup> of an amphetamine or dextroamphetamine product or patient has intolerance\* to amphetamine and dextroamphetamine

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All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

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## CRITERIA FOR DRUG COVERAGE

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- Patient has failed an adequate trial<sup>^</sup> of lisdexamfetamine or patient has intolerance\* to lisdexamfetamine

NOTE: If information is not available in Care Everywhere and patient is unable to verify in an interview, the patient or new provider will need to request outside records from previous provider(s).

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