

UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2023 P 3176-1
Program	Step Therapy - ADHD
Medication	Azstarys® (serdexmethylphenidate and dexmethylphenidate), Jornay
	PM® (methylphenidate extended-release)
P&T Approval Date	9/2023
Effective Date	12/1/2023

1. Background:

Azstarys and Jornay PM are indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years of age and older.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try a generic stimulant prior to coverage for Azstarys or Jornay PM.

Patients currently on Azstarys or Jornay PM as documented in claims history will be allowed to continue on their current therapy.

2. Coverage Criteria^a:

- **A. Azstarys or Jornay PM** will be approved based on the following criterion:
 - 1. History of failure, contraindication or intolerance to <u>one</u> of the following medications:
 - a. methylphenidate CD, ER or LA (e.g. generic Concerta, generic Ritalin LA)
 - b. amphetamine/dextroamphetamine extended-release (generic Adderall XR)

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.



3. Additional Clinical Rules:

• Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and reauthorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

- 1. Azstarys [package insert]. Grand Rapids, MI: Corium, Inc.; June 2021.
- 2. Jornay PM [package insert]. Morrisville, NC: Ironshore Pharmaceuticals Inc.; June 2021.

Program	Step Therapy – ADHD – Azstarys, Jornay PM	
Change Control		
Date	Change	
9/2023	New program.	