Oscar Clinical Guideline: Vyvanse (lisdexamfetamine) (PG098, Ver. 4)

Vyvanse (lisdexamfetamine)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Attention-deficit/hyperactivity disorder (ADHD) is a chronic condition that includes a combination of persistent problems, such as difficulty sustaining attention, hyperactivity and impulsive behavior. Children with ADHD may also struggle with low self-esteem, troubled relationships and poor performance in school. Symptoms sometimes lessen with age. However, some people never completely outgrow their ADHD symptoms. ADHD often affects people with other overlapping psychological disorders. Treatment typically involves medications and behavioral interventions.

Vyvanse (lisdexamfetamine) is a centrally acting stimulant that is FDA approved for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in adults and pediatric patients as well as binge-eating disorder (BED) in adults. Vyvanse (lisdexamfetamine) is considered first-line therapy in the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) and is utilized as part of a comprehensive approach including psychological, educational, and/or social interventions. Vyvanse (lisdexamfetamine) is available as oral tablets or capsules.

Definitions

"**ADHD**" is a chronic psychological condition characterized by inattention, hyperactivity and impulsivity. While the exact cause of ADHD is not clear, possible factors that may be involved are genetics, the environment or problems with the central nervous system at key moments in development.

"Binge Eating Disorder (BED)" is a severe, treatable eating disorder characterized by recurrent episodes of eating large quantities of food (often very quickly and to the point of discomfort); a feeling of a loss of control during the binge; experiencing shame, distress or guilt afterwards; and often using unhealthy compensatory measures like purging to counter the binge eating. It is the most common eating disorder in the United States.

Medical Necessity Criteria for Initial Authorization

The Plan considers **Vyvanse (lisdexamfetamine)** medically necessary when **ALL** of the following criteria are met for the applicable indication below:

For the treatment of moderate to severe Binge Eating Disorder (BED):

1. The requested medication is being prescribed by or in consultation with a psychiatrist; ***AND***
2. The member is at least 18 years of age; ***AND***
3. The member has a diagnosis of binge-eating disorder; ***AND***
4. The member has a documented prior, concurrent or planned course of therapy or counseling [such as interpersonal psychotherapy, cognitive-behavioral therapy, dialectical behavior therapy]; ***AND***
5. Chart documentation must be provided for review to substantiate the above listed requirements.

For the treatment of Attention Deficit Hyperactivity Disorder (ADHD):

1. The member is at least 6 years of age; ***AND***
2. The member has a documented diagnosis of attention-deficit/hyperactivity disorder (ADHD) ; ***AND***
3. The member is unable to use, or has adequately tried and failed (at maximum tolerated dose for a minimum of 30 days) an extended-release amphetamine product; ***AND***
4. The member is unable to use, or has adequately tried and failed (at maximum tolerated dose for a minimum of 30 days) an extended-release methylphenidate product; ***AND***
5. Chart documentation must be provided for review to substantiate the above listed requirements.

If the above prior authorization criteria are met for the applicable indication, Vyvanse (lisdexamfetamine) will be approved for 6 months.

Medical Necessity Criteria for Reauthorization

Reauthorization for 12 months will be granted if the member has chart documentation demonstrating a clinical improvement in symptoms since starting the requested medication.

Experimental or Investigational / Not Medically Necessary

Vyvanse (lisdexamfetamine) for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

References

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Clinical Guideline Revision / History Information

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