**Vyvanse (lisdexamfetamine dimesylate)**

<table>
<thead>
<tr>
<th>Override(s)</th>
<th>Approval Duration</th>
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<tbody>
<tr>
<td>Prior Authorization</td>
<td>1 year</td>
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**APPROVAL CRITERIA**

Requests for Vyvanse (lisdexamfetamine dimesylate) may be approved if the following criteria is met:

I. Individual has been on Vyvanse (lisdexamfetamine dimesylate) in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial);

OR

II. Individual is 6 years of age or older; AND

III. Individual has a diagnosis of attention deficit hyperactivity disorder (ADHD);

AND

IV. Individual has had an appropriate trial of one of the following:
   a. Methylphenidate extended-release; OR
   b. Extended-release amphetamine/dextroamphetamine salt combination; OR

V. Individual has been diagnosed with coexisting ADHD and substance use disorder;

OR

VI. Individual is 18 years of age or older; AND

VII. Individual has a diagnosis of binge-eating disorder.

Requests for Vyvanse (lisdexamfetamine dimesylate) may not be approved for the following:

I. Weight loss

**Note**: Attention deficit hyperactivity disorder (ADHD) may also be referred to as attention deficit disorder (ADD). Vyvanse (lisdexamfetamine) has black box warnings for abuse and dependence. CNS stimulants have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy.
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.