



The following list of utilization limits and PDL changes were reviewed and approved by the MHS P&T Committee.

**Table 1: New Utilization Edit for Stimulant Medications Effective 4/01/2020**

The following medications will need a Prior Authorization for adults (19 years of age & greater) unless there is an appropriate behavior health diagnoses as recommended by the Indiana Mental Health Quality Advisory Committee which are aligned with approved FDA labeling.

Name of Medication	Utilization Edit
AMPHETAMINE ER	Must have FDA-Labeled Diagnoses or Approved Compendia Diagnoses
AMPHETAMINE SULFATE	Must have FDA-Labeled Diagnoses or Approved Compendia Diagnoses
DEXMETHYLPHENIDATE HCL	Must have FDA-Labeled Diagnoses or Approved Compendia Diagnoses
DEXTROAMPHETAMINE SULFATE	Must have FDA-Labeled Diagnoses or Approved Compendia Diagnoses
LISDEXAMFETAMINE DIMESYLATE	Must have FDA-Labeled Diagnoses or Approved Compendia Diagnoses
METHAMPHETAMINE HCL	Must have FDA-Labeled Diagnoses or Approved Compendia Diagnoses
METHYLPHENIDATE (patch)	Must have FDA-Labeled Diagnoses or Approved Compendia Diagnoses
METHYLPHENIDATE HCL (oral products)	Must have FDA-Labeled Diagnoses or Approved Compendia Diagnoses

**Table 2: New Utilization Edit for Clonidine/Guafacine Effective 4/01/2020**

The following medications will need a Prior Authorization when taken together as recommended by the Indiana Mental Health Quality Advisory Committee.

Name of Medication	Utilization Edit
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CLONIDINE	PA needed if taken with Guanfacine
GUANFACINE	PA needed if taken with Clonidine