



Division: Pharmacy Policy	Subject: Prior Authorization Criteria - Procentra
Original Development Date: Original Effective Date: Revision Date:	July 8, 2010 May 18, 2012, November 20, 2015

ProCentra® (dextroamphetamine sulfate oral solution)

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA: (all indications below must be met)

- Age: 3-5 years
- Diagnosis of Attention Deficit Disorder with Hyperactivity
- Unable to swallow tablets as indicated by an absence of prescriptions for solid dosage forms (tablet or capsule) in claims history and/or medical records.
- Titration to a maximum dosage $\leq 40\text{mg/day}$
- Intolerance to methylphenidate products. (*Official documentation of adverse response or reaction must be submitted*). **--OR--**
- Trial of at least one month of other stimulant to include a methylphenidate product

DOSING:

Amphetamines should be administered at the lowest effective dosage and dosage should be individually adjusted. Late evening doses should be avoided because of the resulting insomnia.

Attention Deficit Disorder with Hyperactivity: Not recommended for pediatric patients under 3 years of age.

In pediatric patients from 3 to 5 years of age, start with 2.5 mg daily; daily dosage may be raised in increments of 2.5 mg at weekly intervals until optimal response is obtained.