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, April 14, 2023, July 18, 2023

ProCentra® (dextroamphetamine sulfate oral solution)

LENGTH OF AUTHORIZATION: Up to One Year

REVIEW CRITERIA: (all indications below must be met)

Attention Deficit Disorder with Hyperactivity

- 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 ≤ 40mg/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.

Narcolepsy

- Patient must be ≥ 6 years of age.
- The medication must be prescribed by a sleep specialist or neurologist.
- The patient has a diagnosis of narcolepsy according to International Classification of Sleep Disorders (ICSD-3) or Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria.
- 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.

CONTINUATION OF THERAPY:

- Patient met the above criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at: DailyMed (nih.gov)
- Available as 5 mg/5 mL oral solution.

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