



# Pharmacy Drug Policy & Procedure

<b>Policy Name:</b>	<b>Dyanavel XR (amphetamine ER) Suspension</b>	<b>Policy #:</b>	<b>2469P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Dyanavel XR Suspension.

Health Alliance Drug Policies are developed and reviewed annually in compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. MHPAEA requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (prior authorization, step- therapy) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Dyanavel XR Suspension when the following criteria have been met.

## Criteria

### 1. Coverage Criteria

- 1.1 Member aged 6 to 12 years of age
- 1.2 Provider can submit medical chart documentation of inability to swallow tablets in members older than 12 years of age

### 2. Approval Period

- 2.1 12 months

## CPT Codes

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## HCPCS Codes

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## References

- 1. Dyanavel XR (amphetamine) [prescribing information]. Monmouth Junction, NJ: Tris Pharma Inc; October 2023.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.