# Lisdexamfetamine
# Criteria for Use
# August 2024

**VA Pharmacy Benefits Management Services and National Formulary Committee**

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

## Continuity of Care Inclusion Criteria

If the following criterion and one of the Additional Inclusion Criteria are met, the medication may be used.

☐ Veteran is transitioning care from the Department of Defense to VHA

## Additional Inclusion Criteria

Select ONE if appropriate.

☐ The medication is safe and clinically appropriate as determined by a VA prescriber using shared decision making

☐ The medication is indicated for tapering the dose or slowly discontinuing therapy as determined by a VA prescriber using shared decision making

## Non-Continuity of Care Exclusion Criteria

If ANY of the following are met, the patient should not receive lisdexamfetamine.

☐ Use with or within 2 weeks of a monoamine oxidase inhibitor (MAOI)

## Non-Continuity of Care Inclusion Criteria

If ONE of the following is met, use may be approved.

☐ Diagnosis of Binge Eating Disorder (BED), did not respond to, is unable to tolerate an adequate trial of, or has a contraindication to topiramate AND a formulary selective serotonin reuptake inhibitor (SSRI)

☐ Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), did not respond to, is unable to tolerate an adequate trial of, or has a contraindication to methylphenidate AND a formulary amphetamine product

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