BlueCross BlueShield Arizona

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PHARMACY COVERAGE GUIDELINES	
SECTION: DRUGS	
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AMPHETAMINE SULFATE oral tablet
EVEKEO™ (amphetamine sulfate) oral tablet
EVEKEO™ ODT (amphetamine sulfate) orally disintegrating tablet

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. All requested data must be provided. Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

AMPHETAMINE SULFATE oral tablet
EVEKEO™ (amphetamine sulfate) oral tablet
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Evekeo (amphetamine sulfate) tablet
Amphetamine sulfate tablet

Criteria:

- **Criteria for initial therapy**: Evekeo (amphetamine sulfate) or amphetamine sulfate is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Psychiatrist, Pulmonologist, or Bariatric Physician depending upon requested use

2. A confirmed diagnosis of **ONE** of the following:
    a. **Attention Deficit Disorder with Hyperactivity,** in an individual **3 years of age or older** who has failure, contraindication or intolerance from a trial of **each** of the following:
        i. Immediate release mixed amphetamine/dextroamphetamine salt
        ii. Immediate release dextroamphetamine
        iii. A methylphenidate product

    b. **Narcolepsy with excessive daytime sleepiness,** confirmed by polysomnography followed by a multiple sleep latency test (MSLT) indicating sleep onset of less than 8 minutes and ≥ 2 sleep onset REM periods in an individual **6 years of age or older** who has failure, contraindication or intolerance from a trial of each of the following:
        i. Immediate release mixed amphetamine/dextroamphetamine salt
        ii. Immediate release dextroamphetamine
        iii. Methylphenidate
        iv. Modafinil or armodafinil

    c. **Exogenous Obesity** in an individual is **12 years of age or older** and **ALL** of the following:
        i. Benefit plan design must include weight loss as a covered benefit
        ii. Has failed alternative therapy, e.g., repeated diets, group programs and other drugs
        iii. Has failure, contraindication or intolerance to immediate release methamphetamine
        iv. Evekeo to be used as a short term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction

3. **ALL** of the following baseline tests have been completed before initiation of treatment:
    a. Assessment for pre-existing cardiac disease
    b. Assessment for a history of risky, harmful, non-medical or inappropriate use of these and other substances that might be unhealthy, hazardous or a problem (i.e.; multiple providers, multiple pharmacy or multiple controlled substances)
    c. Assessment for pre-existing psychiatric disorder such as depression, history of suicide, bipolar disorder, or psychotic disorder

4. There are **NO** contraindications.

a. Contraindications include:
    i. Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines
    ii. Agitated states
    iii. Individuals with a history of risky, harmful, non-medical or inappropriate use of these and other substances that might be unhealthy, hazardous or a problem (i.e.; multiple providers, multiple pharmacy or multiple controlled substances)
    iv. During or within 14 days following the administration of monoamine oxidase inhibitors

Initial approval duration:
ADHD & Narcolepsy: 6 months
Exogenous Obesity: 1 month

- **Continuation of coverage (renewal request):** Evekeo (amphetamine sulfate) or amphetamine sulfate is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Psychiatrist, Pulmonologist, or Bariatric Physician depending upon requested use

2. Individual's condition has responded while on therapy
    a. Response is defined as:
        i. For ADHD **TWO** of the following:
            1. Adult and Child:
                a. Achieved and maintains at least a 50% reduction from baseline in core symptoms of hyperactivity, impulsivity, and attention
            2. Child:
                a. Achieved and maintains at least a 50% improvement from baseline in SKAMP rating scale
            3. Improved attention and social skills
            4. No aggressive behaviors
        ii. For Narcolepsy, **either**:
            1. Achieved and maintains an improvement in daytime sleepiness and alertness over baseline and reduced number of cataplexy episode (if it was present)
            2. Achieved and maintains an improvement in the Epworth Sleepiness Scale (ESS) score of 7or less
        iii. For Exogenous Obesity:
            1. Achieved and maintains at least a 10% reduction in weight

3. Individual has been adherent with the medication

4. Individual has not developed any contraindications or other significant level 4 adverse drug effects that may exclude continued use

a. Contraindications as listed in the criteria for initial therapy section
b. Significant adverse effect such as:
    i. Seizure
    ii. Serotonin Syndrome
    iii. Development or exacerbation of psychotic or manic symptoms

5. There are no significant interacting drugs

Renewal duration:
ADHD & Narcolepsy: 12 months
Exogenous Obesity: 6 month

Evekeo ODT (amphetamine sulfate, orally disintegrating tablet)

Criteria:

- **Criteria for initial therapy**: Evekeo ODT (amphetamine sulfate, orally disintegrating tablet) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Prescriber is a physician specializing in the patient's diagnosis or is in consultation with a Psychiatrist

2. Individual is 6 to 17 years of age

3. A confirmed diagnosis of **Attention Deficit Disorder with Hyperactivity**

4. Individual has failed, or has a contraindication, or is intolerant to a trial of one agent from each of the following:
    a. A methylphenidate product **or** a dexmethylphenidate product
    b. Adderall XR **or** a dextroamphetamine product **or** Vyvanse (lisdexamfetamine)
    c. Immediate release mixed amphetamine/dextroamphetamine salt
    d. Immediate release dextroamphetamine

5. **ALL** of the following baseline tests have been completed before initiation of treatment:
    a. Assessment for pre-existing cardiac disease
    b. Assessment for a history of risky, harmful, non-medical or inappropriate use of these and other substances that might be unhealthy, hazardous or a problem (i.e.; multiple providers, multiple pharmacy or multiple controlled substances)
    c. Assessment for pre-existing psychiatric disorder such as depression, history of suicide, bipolar disorder, or psychotic disorder

6. There are **NO** contraindications.
    a. Contraindications include:

i. During or within 14 days following the administration of monoamine oxidase inhibitors

Initial approval duration: 6 months

- **Continuation of coverage (renewal request):** Evekeo ODT (amphetamine sulfate, orally disintegrating tablet) is considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Individual continues to be seen by a physician specializing in the patient's diagnosis or is in consultation with a Psychiatrist

2. Individual's condition has responded while on therapy
    a. Response is defined as **TWO** of the following:
        i. Achieved and maintains at least a 50% reduction from baseline in core symptoms of hyperactivity, impulsivity, and attention
        ii. Achieved and maintains at least a 50% improvement from baseline in SKAMP rating scale
        iii. Improve attention and social skills
        iv. No aggressive behaviors

3. Individual has been adherent with the medication

4. Individual has not developed any contraindications or other significant level 4 adverse drug effects that may exclude continued use
    a. Contraindications as listed in the criteria for initial therapy section
    b. Significant adverse effect such as:
        i. Seizure
        ii. Serotonin Syndrome
        iii. Development or exacerbation of psychotic or manic symptoms

5. There are no significant interacting drugs

Renewal duration: 12 months

Description:

Evekeo (amphetamine sulfate) and Amphetamine Sulfate is indicated for the treatment of individuals 3 years of age or older with Attention Deficit Hyperactivity Disorder (ADHD); for the treatment of individuals 12 years or age or older with narcolepsy; and for the short term treatment (a few weeks) of individuals 12 years of age or older with exogenous obesity as an adjunct in a regimen of weight reduction based on caloric restriction for patients refractory to alternative therapy such as repeated diets, group programs, and other drugs.

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Evekeo ODT (amphetamine sulfate, orally disintegrating tablet) is indicated for the treatment of individuals 6 to 17 years of age with Attention Deficit Hyperactivity Disorder (ADHD).

Narcolepsy is a chronic neurologic disorder of the central nervous system characterized by the brain's inability to control sleep-wake cycles, resulting in excessive daytime sleepiness (EDS) and intermittent bouts of rapid eye movement (REM) sleep during wakefulness. At various times throughout the day, individuals with narcolepsy experience irresistible and sudden bouts of sleep, which can last from a few seconds to several minutes. In addition to EDS, other major symptoms of narcolepsy include cataplexy (a sudden loss of voluntary muscle tone), hypnagogic hallucinations (vivid dream-like images or hallucinations during sleep onset or upon waking), and sleep paralysis (brief episodes of total paralysis, also during sleep onset or upon waking). Most individuals experience poor sleep quality that can involve frequent awakenings during nighttime sleep, and other sleep disorders. Sleep may be disrupted by insomnia, vivid dreaming, sleep talking, acting out while dreaming, and periodic leg movements.

The diagnosis of narcolepsy is confirmed with a polysomnogram that rules out other sleep disorders and a multiple sleep latency test (MSLT) that demonstrates an average sleep latency less than eight minutes and/or at least two sleep onset rapid eye movement periods (SOREMPs). True cataplexy is highly suggestive of narcolepsy. Other conditions that cause chronic daytime sleepiness include insufficient sleep, untreated sleep apnea, periodic limb movements of sleep, and idiopathic hypersomnia (chronic sleepiness but without SOREMPs or other evidence of abnormal REM sleep). The effects of sedating medications should be excluded. The goal of therapy is to improve alertness to the point where performance and safety are adequate for important activities like school or work. Once therapy has been optimized, the severity of residual sleepiness should be assessed with the Epworth Sleepiness Scale (ESS) or the Maintenance of Wakefulness Test (MWT).

Amphetamine, immediate release forms of mixed salts of amphetamine/dextroamphetamine, dextroamphetamine, methamphetamine, many methylphenidate products, Provigil (modafinil), Nuvigil (armodafinil), and Sunosi (soriamfetol) are effective for treatment of daytime sleepiness due to narcolepsy and are FDA-approved for use for this disorder. Many of these agents are available as a generic formulation.

ADHD is one of the most commonly diagnosed neurobehavioral disorders of childhood. It is more frequently diagnosed in males than in females. ADHD is characterized by inattention, hyperactivity that exceeds the usual developmental pattern, and impulsivity that impair activities of daily living. Comorbidities are also common and may include mood disorder, anxiety disorder, substance abuse, tics, learning difficulties, and disruptive behaviors such as oppositional defiance or conduct disorder. Symptoms can persist into adolescence and into adulthood.

The published literature suggests that central nervous system (CNS) stimulant medications are considered first line therapy in uncomplicated ADHD. Methylphenidate or mixed Amphetamine salts, or Dextroamphetamine are often recommended as first line therapy. Evidence for the use of Methylphenidate is derived from well-designed efficacy and safety trials. Due to limited number of trial information the strength of evidence for the other stimulants is ranked as fair.

When one stimulant fails to manage the condition due to an inadequate response or intolerable adverse effects occur, it is suggested to change to another one of the first line stimulants within a different class. Approximately 50% of individuals not responding to one stimulant may respond to the other. It is further suggested that if two first

line stimulants are ineffective, non-stimulant medications may be added or used as mono-therapy. Use of non-stimulant medications may also be beneficial in situations such as concerns about substance abuse or diversion, tic disorder, impulsivity, sleep problems, anxiety, psychosis, aggression, or cardiac abnormalities associated with use of stimulants. Non-stimulant medications may include Atomoxetine, Clonidine, or Guanfacine.

There are many agents available with brand and generic options for the treatment of ADHD. Several agents are available as both immediate acting and long acting formulations. Comparative trials of stimulant medications are lacking, but it is apparent that all stimulant medications have similar effects and adverse effects and given the extensive evidence of efficacy and safety, they still remain agent first choice. There are clinically meaningful differences in dosing, time to onset, route, duration of action, and cost among the various compounds. Sustained-release formulations of stimulants may show benefit over immediate release forms at specific times of day depending on the pharmacokinetics of the specific formulation used, but overall differences on safety and efficacy are not found.

For individuals with swallowing difficulties, many capsule forms of extended release stimulants can be opened and sprinkled onto food. Liquid formulations are also available and some products have a chewable dosage form that can be used.

Adult individuals with a body mass index (BMI) of 25-29.9 kg/m^2 are considered overweight and those with a BMI of $\geq$ 30 kg/m^2 are considered obese. Diet and exercise are the preferred methods for losing weight and there are several drugs that are FDA-approved as adjuncts to diet and exercise for weight loss. Amphetamines are non-catecholamine, sympathomimetic amines with CNS stimulant activity. Drugs in this class when used in the treatment of obesity are commonly referred to as "anorectics" or "anorexigenics." The mechanism of action of such drugs in treating obesity has not been established, however they act primarily to cause appetite suppression. Other CNS actions or metabolic effects may be involved. Methamphetamine is also FDA-approved for short-term treatment of obesity. Coverage of Evekeo for exogenous obesity is dependent upon benefit plan design that includes weight loss as a covered benefit.

Definitions:

Swanson, Kotkin, Agler, M-Flynn, and Pelham (SKAMP) rating scale:
The SKAMP rating scale is a validated 13-item teacher-rated scale that assesses manifestations of ADHD in a classroom setting. The SKAMP rating scale consists of 13 items rated on a 7-point impairment scale (0 = normal to 6 = maximal impairment). The combined scores for the SKAMP are obtained by summing the values of all 13 items.

1. Getting started on assignments for classroom periods
2. Sticking with tasks or activities for the allotted time
3. Attending to an activity or a discussion of the class
4. Stopping and making transition to the next period
5. Interacting with other children

6. Interacting with the teacher or aide
7. Remaining quiet according to classroom rules
8. Staying seated according to classroom rules
9. Completing assigned work
10. Performing work accurately
11. Being careful and neat while writing or drawing
12. Complying with the teacher's usual requests or directions
13. Following the rules established for the classroom

Diagnostic criteria for narcolepsy type 1:

Criteria A and B must be met:
A. The patient has daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least three months.*
B. The presence of one or both of the following:
1. Cataplexy and a mean sleep latency of ≤ 8 minutes and two or more SOREMPs on an MSLT performed according to standard techniques. A SOREMP (within 15 minutes of sleep onset) on the preceding nocturnal PSG may replace one of the SOREMPs on the MSLT.¶ 2. CSF hypocretin-1 concentration, measured by immunoreactivity, is either ≤110 pg/mL or <1/3 of mean values obtained in normal subjects with the same standardized assay.
CSF: cerebrospinal fluid; MSLT: multiple sleep latency test; PSG: polysomnography; SOREMPs: sleep-onset rapid eye movement periods. * In young children, narcolepsy may sometimes present as excessively long night sleep or as resumption of previously discontinued daytime napping. ¶ If narcolepsy type 1 is strongly suspected clinically but the MSLT criteria of B1 are not met, a possible strategy is to repeat the MSLT.

Diagnostic criteria for narcolepsy type 2:

Criteria A through E must be met:
A. The patient has daily periods of irrepressible need to sleep or daytime lapses into sleep occurring for at least three months.
B. A mean sleep latency of ≤ 8 minutes and two or more SOREMPs are found on an MSLT performed according to standard techniques. A SOREMP (within 15 minutes of sleep onset) on the preceding nocturnal PSG may replace one of the SOREMPs on the MSLT.
C. Cataplexy is absent.*

D. Either CSF hypocretin concentration has not been measured or CSF hypocretin concentration measured by immunoreactivity is either >110 pg/mL or >1/3 of mean values obtained in normal subjects with the same standardized assay.¶
E. The hypersomnolence and/or MSLT findings are not better explained by other causes such as insufficient sleep, obstructive sleep apnea, delayed sleep phase disorder, or the effect of medication or substances or their withdrawal.
CSF: cerebrospinal fluid; MSLT: multiple sleep latency test; PSG: polysomnography; SOREMPs: sleep-onset rapid eye movement periods. * If cataplexy develops later, then the disorder should be reclassified as narcolepsy type 1. ¶ If the CSF hypocretin-1 concentration is tested at a later stage and found to be either ≤110 pg/mL or <1/3 of mean values obtained in normal subjects with the same assay, then the disorder should be reclassified as narcolepsy type 1.

Epworth Sleepiness Scale (ESS):
The ESS subjectively measures sleepiness as it occurs in ordinary life situations. It can be used to screen for excessive sleepiness or to follow an individual's subjective response to an intervention. A score > 10 is consistent with excessive sleepiness.

Sitting and standing	No chance of dozing	0 points
	Slight chance of dozing	1 point
	Moderate chance of dozing	2 points
	High chance of dozing	3 points
Watching television	No chance of dozing	0 points
	Slight chance of dozing	1 point
	Moderate chance of dozing	2 points
	High chance of dozing	3 points
Sitting inactive in a public place	No chance of dozing	0 points
	Slight chance of dozing	1 point
	Moderate chance of dozing	2 points
	High chance of dozing	3 points
Sitting for an hour as a passenger in a car	No chance of dozing	0 points
	Slight chance of dozing	1 point
	Moderate chance of dozing	2 points
	High chance of dozing	3 points
Lying down in the afternoon to rest	No chance of dozing	0 points
	Slight chance of dozing	1 point
	Moderate chance of dozing	2 points
	High chance of dozing	3 points
Sitting and talking to another person	No chance of dozing	0 points
	Slight chance of dozing	1 point
	Moderate chance of dozing	2 points
	High chance of dozing	3 points
Sitting quietly after lunch (no alcohol at lunch)	No chance of dozing	0 points
	Slight chance of dozing	1 point

	Moderate chance of dozing	2 points
	High chance of dozing	3 points
Sitting in a car, stopped for a few minutes due to traffic	No chance of dozing	0 points
	Slight chance of dozing	1 point
	Moderate chance of dozing	2 points
	High chance of dozing	3 points
Total points:		
Score assessment: 1-6 points: Normal sleep 7-8 points: Average sleepiness 9-24 points: Abnormal (possibly pathologic) sleepiness		

Maintenance of Wakefulness Test (MWT):

- MWT measures the ability to stay awake
- It objectively measures the ability of an individual to remain awake for a defined period of time
- It is based on the premise that individuals with a greater degree of sleepiness are less likely to remain awake than individuals with less sleepiness
- MWT may be used to assess an individual's response to therapy
- It is the direction of change, not the degree of change, that is meaningful
- During the MWT:
  - Sit in a recumbent position
  - Instructed to sit still and try to remain awake for as long as possible
  - Look directly ahead and do not look directly at the light
  - Avoid extraordinary measures to stay awake (e.g., slapping the face, singing)
  - A session is ended after unequivocal sleep, or after 40 minutes if sleep does not occur
  - Sleep is considered unequivocal after three consecutive periods of stage 1 sleep or one period of any other stage of sleep
  - For each session, the sleep latency is recorded
  - It is documented as being 40 minutes if the patient does not fall asleep
  - This is repeated every two hours, until the patient has completed four sessions
- The primary measure from the MWT is the mean sleep latency
- Healthy individuals who complete four 40-minute protocol sessions, the mean sleep latency is approximately 30 minutes, with > 97% of individuals having a mean sleep latency of $\geq$ 8 minutes
  - A mean sleep latency of < 8 minutes is generally considered abnormal
  - Staying awake for at least 40 minutes during all four sessions is strong objective evidence that an individual can stay awake
  - A mean sleep latency between 8 and 40 minutes has uncertain significance

Multiple sleep latency test (MSLT):

- MSLT measures the tendency to fall asleep
- It tests for excessive daytime sleepiness (EDS) by measuring how quickly one falls asleep in a quiet environment during the day

- EDS occurs when you are sleepy when you should be awake and alert
- MSLT is the standard tool used to diagnose narcolepsy and idiopathic hypersomnia
- MSLT is a full-day test that consists of five scheduled naps separated by two-hour breaks
- During the MSLT
  - Lying flat in bed for the MSLT
  - Instructed to lie quietly, assume a comfortable position, keep eyes closed, and try to fall asleep
  - The test will measure how long it takes for to fall asleep
  - You will be awakened after sleeping 15 minutes
  - If you do not fall asleep within 20 minutes, the nap trial will end

Resources:

Evekeo (amphetamine sulfate) product information, revised by manufacturer Arbor Pharmaceutical 08-2019, at DailyMed http://dailymed.nlm.nih.gov accessed September 12, 2020.

Evekeo ODT (amphetamine sulfate, orally disintegrating tablet) product information, revised by manufacturer Arbor Pharmaceutical 03-2019, at DailyMed http://dailymed.nlm.nih.gov accessed September 12, 2020.

Amphetamine sulfate product information, revised by manufacturer Dr. Reddy's Laboratories INC 03-2020, at DailyMed http://dailymed.nlm.nih.gov accessed September 12, 2020.

Krull KR. Attention deficit hyperactivity disorder in children and adolescents: Overview of treatment and prognosis. In: UpToDate, Augustyn M, Torchia MM (Eds), UpToDate, Waltham MA.: UpToDate Inc. http://uptodate.com. Accessed on September 14, 2020.
Krull KR. Attention deficit hyperactivity disorder in children and adolescents: Treatment with medications. In: UpToDate, Augustyn M, Torchia MM (Eds), UpToDate, Waltham MA.: UpToDate Inc. http://uptodate.com. Accessed on September 14, 2020.

Brent D, Bukstein O, Solantro MV. Approach to treating attention deficit hyperactivity disorder in adults. In: UpToDate, Stein MB, Solomon D (Eds), UpToDate, Waltham MA.: UpToDate Inc. http://uptodate.com. Accessed on September 14, 2020.

Bukstein O. Pharmacotherapy for attention deficit hyperactivity disorder in adults. In: UpToDate, Brent D, Friedman M (Eds), UpToDate, Waltham MA.: UpToDate Inc. http://uptodate.com. Accessed on September 14, 2020.

Scammell TE. Treatment of narcolepsy in adults. In: UpToDate, Benca R, Eichler AF (Eds), UpToDate, Waltham MA.: UpToDate Inc. http://uptodate.com. Accessed on September 14, 2020.

Kotagal S. Narcolepsy in children. In: UpToDate, Scammell TE, Chervin RD, Eichler AF (Eds), UpToDate, Waltham MA.: UpToDate Inc. http://uptodate.com. Accessed on September 14, 2020.

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Perreault L. Obesity in adults: Drug therapy. In: UpToDate, Pi-Sunyer FX, Kunins L (Eds), UpToDate, Waltham MA.: UpToDate Inc. http://uptodate.com. Accessed on September 14, 2020.