



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Desoxyn™ (methamphetamine)

Review Criteria

Member must meet all the following criteria:

- Physician may request prior authorization (PA) if member has a documented failure on **ALL** other medications in this class for attention deficit hyperactivity disorder (ADHD)
- This documentation would be submitted to the Drug Utilization Review (DUR) Board for review
- No PA for weight loss
- No grandfathering