

MEDICATION COVERAGE POLICY

PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE

POLICY:	ADHD Medications	P&T DATE	2/12/2019
CLASS:	Psychiatric Disorders	REVIEW HISTORY	12/17, 12/16, 9/15, 5/12,
LOB:	MCL	(MONTH/YEAR)	5/10, 3/09

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the HPSJ Pharmacy and Therapeutic Advisory Committee.

OVERVIEW

Attention-Deficit/Hyperactivity Disorder (ADHD) is a chronic behavioral disorder which includes difficulties with attention, increased activity and difficulties with impulsivity. ADHD mostly manifests during childhood and can continue on to adulthood. According to American Academy of Child and Adolescent Psychiatry, about 11% of school aged-children and 4% of adults have ADHD. The CDC estimates up to 50% of adults who had ADHD in childhood.¹ If left untreated, ADHD can lead to cognitive, social, and emotional dysfunction. This review will examine the treatment guidelines of ADHD and the currently available drug products and their coverage criteria.

Table 1: Formulary ADHD Agents: (Current as of 2/2019)

Class	Drug	Available Strengths	Restrictions	Cost/RX	Notes
Stimulants	Amphetamine (Adzenys XR, Dyanavel XR)	ER ODT: 18.8mg	NF	\$326.16	
		ER Suspension: 2.5mg/mL	NF	\$133.37	
	Dexmethylphenidate (Focalin XR)	IR Tablets: 2.5mg, 5mg, 10mg	AL	\$29.18	Limited to persons ≥4 years of age.
		ER Capsules: 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	ST, AL	\$167.69	Step therapy to at least one ER tier 1 formulary stimulant medication within the last 120 days. Limited to persons ≥4 years of age.
	Dextroamphetamine (Dexedrine XR, Procentra, Zenzedi)	IR Tablets: 5mg, 10mg	AL	\$60.24	Zenzedi is non-formulary
		ER Capsules: 5mg, 10mg, 15mg	AL	\$203.12	Limited to persons ≥4 years of age.
		IR Solution: 5mg/5mL	NF		ProCentra is non-formulary
	Dextroamphetamine/ Amphetamine (Adderall IR/XR)	IR Tablets: 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, 30mg	AL	\$30.94	Limited to persons ≥4 years of age.
		ER Capsules: 5mg, 10mg, 15mg, 20mg, 25mg, 30mg	AL	\$120.43	Limited to persons ≥4 years of age.
	Lisdexamfetamine (Vyvanse)	IR Capsules: 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	PA, AL	\$297.61	Reserved for documentation of treatment failure or intolerance to one Methylphenidate ER-based and one Amphetamine ER-based stimulant medication. Limited to persons ≥ 4 years of age.
		IR Chewable: 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	NF	--	
	Methylphenidate (Daytrana, Quillichew, Quillivant, Ritalin LA)	IR Tablet: 5mg, 10mg, 20mg	AL	\$25.47	Limited to persons ≥4 years of age.
IR Solution: 5mg/5mL, 10mg/5mL		AL	\$148.28	5mg/5mL solution is non-formulary	

		<i>IR Chewable: 2.5mg, 5mg, 10mg</i>	PA, AL	\$192.27	Reserved for documented inability to take methylphenidate IR solution by mouth. Limited to persons ≥ 4 years of age.
		<i>ER Chewable: 20mg, 30mg, 40mg</i>	PA, AL	\$363.20	Reserved for documented inability to take methylphenidate ER capsules by mouth with or without applesauce. Limited to persons ≥ 4 years of age.
		<i>ER Suspension: 25mg/5mL</i>	ST, AL	\$341.70	Step therapy to at least one ER tier 1 formulary stimulant medication within the last 120 days. Limited to persons ≥4 years of age.
		<i>ER CD Capsules: 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	AL	\$137.39	Limited to persons ≥4 years of age.
		<i>ER Tablets: 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	ST, AL	\$162.89	Step therapy to at least one ER tier 1 formulary stimulant medication within the last 120 days. Limited to persons ≥4 years of age.
		<i>ER LA Capsules: 10mg, 20mg, 30mg, 40mg, 60mg</i>	AL	\$170.89	Limited to persons ≥4 years of age.
		<i>ER Patch: 10mg/9HR, 15mg/9HR, 20mg/9HR, 30mg/9HR</i>	PA, AL	\$341.45	Restricted to patients with documented inability to swallow tablets, capsules, chewables, solutions, or suspensions. Limited to persons ≥4 years of age.
Non-stimulants	Atomoxetine HCL (Strattera)	<i>IR Capsules: 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	ST, AL	\$162.45	Step therapy to intolerance or treatment failure of stimulants. Limited to persons ≥4 years of age.
	Clonidine HCL (Kapvay)	<i>IR Tablets: 0.1mg, 0.2mg, 0.3mg</i>		\$2.05	
		<i>ER Tablets: 0.1mg</i>	NF	\$143.36	
	Guanfacine HCL (Intuniv ER)	<i>IR Tablets: 1mg, 2mg</i>			\$6.04
<i>ER tablets: 1mg, 2mg, 3mg, 4mg</i>		ST, AL, QL		\$27.25	Step therapy to treatment failure, intolerance or contraindication to stimulants. Limited to 1 tablet per day. Limited to persons ≥4 years of age.

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limit; NF = Non-Formulary

EVALUATION CRITERIA FOR APPROVAL/EXCEPTION CONSIDERATION

Below are the coverage criteria and required information for each agent. These coverage criteria have been reviewed approved by the HPSJ Pharmacy & Therapeutics (P&T) Advisory Committee. For conditions not covered under this Coverage Policy, HPSJ will make the determination based on Medical Necessity as described in HPSJ Medical Review Guidelines (UM06).

Stimulants

IMMEDIATE RELEASE: *Dexmethylphenidate IR (Focalin), Dextroamphetamine Sulfate IR (Dexedrine), Dextroamphetamine/Amphetamine IR (Adderall), Methylphenidate IR (Ritalin, Methylin)*

- Coverage Criteria:** None
- Limits:**
 - Age Limit: Greater than or equal to 4 years of age
- Required Information for Approval:** None
- Non-Formulary:** Methylphenidate 5 mg/5 ml solution, Zenzedi, Procentra

EXTENDED RELEASE: *Dexmethylphenidate XR (Focalin), Dextroamphetamine Sulfate ER (Dexedrine), Dextroamphetamine/Amphetamine ER (Adderall), Methylphenidate ER/SR (Ritalin, Methylin)*

- Coverage Criteria:**
 - Methylphenidate ER capsules, Dextroamphetamine/Amphetamine ER capsules, Dextroamphetamine ER capsules: None
 - Methylphenidate ER tablets, Dexmethylphenidate ER capsules: Step therapy to at least one ER tier 1 formulary stimulant medication within the last 120 days.
- Limits:**
 - Age Limit: Greater than or equal to 4 years of age
- Required Information for Approval:**
 - Methylphenidate ER tablets, Dexmethylphenidate ER capsules: Fill history of a tier 1 formulary stimulant medication in the prior 120 days.

Lisdexamfetamine (Vyvanse)

- Coverage Criteria:** PA required. Reserved for documentation of treatment failure or intolerance to one Methylphenidate ER-based and one Amphetamine ER-based stimulant medication.
- Limits:**
 - Age Limit: Greater than or equal to 4 years of age
- Required Information for Approval:** Clinic notes documenting patient has tried and failed or is intolerant to at least one Methylphenidate ER-based and one Amphetamine ER-based stimulant medication.
- Non-Formulary:** Vyvanse chewables

Methylphenidate IR chewable tablets, ER chewable tablets (Quillichew), ER suspension (Quillivant XR), Patch (Daytrana)

- Coverage Criteria:** PA required.
 - IR chewable tablet: Reserved for documented inability to take methylphenidate IR solution by mouth.
 - ER chewable tablet (Quillichew): Reserved for documented inability to take methylphenidate ER capsules by mouth with or without applesauce.
 - ER suspension (Quillivant XR): Reserved for documented inability to take methylphenidate ER capsules by mouth with or without applesauce.
 - Patch (Daytrana): Reserved for patients with documented inability to swallow tablets, capsules, chewables, solutions, or suspensions.
- Limits:**
 - Age Limit: Greater than or equal to 4 years of age
- Required Information for Approval:** Clinic notes documenting patient is unable to swallow oral formulations or alternatives as listed within each specific criteria (e.g. methylphenidate IR solution, methylphenidate ER capsules with applesauce).
- Other Notes:** None

Non-Stimulants

Guanfacine IR, Clonidine IR

- Coverage Criteria:** None
- Limits:** None
- Required Information for Approval:** None
- Other Notes:** None

*Atomoxetine (Strattera), Guanfacine ER (Intuniv)**

- Coverage Criteria:** Step therapy to intolerance or treatment failure of stimulants.
- Limits:**
 - Age Limit: Greater than or equal to 4 years of age
 - Guanfacine ER (Intuniv) limited to 1 tablet per day.
- Required Information for Approval:** Prescription history or clinic notes documenting previous stimulant(s) used.
- Other Notes:** None
- Non-Formulary:** Clonidine ER (Kapvay)

REFERENCES

1. Searight HR, Burke HM, Rottnek F. Adult ADHD: evaluation and treatment in family medicine. *Am Fam Physician*. 2000; 62(9): 2077-2086.
2. American Academy of Pediatrics, Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics*. 2011;128(5):1007-1022.
3. Faraone SV, Glatt SJ. A comparison of the efficacy of medications for adult attention-deficit/hyperactivity disorder using meta-analysis of effect sizes. *J Clin Psychiatry*. 2010; 71(6): 754-763.
4. Bitter I, Angyalosi A, Czobor P. Pharmacological treatment of adult ADHD. *Curr Opin Psychiatry*. 2010; 25(6): 529-534.
5. Bararesi WJ, Katusic SK, Colligan RC, Weaver AL, Leibson CL, Jacobsen SJ. Long-term stimulant medication treatment of attention-deficit/hyperactivity disorder: results from a population-based study. *J Dev Behav Pediatr*. 2006; 27(1): 1.
6. Ritalin LA ®. [prescribing information]. East Hanover, NJ. Novartis Pharmaceuticals Corporation; 2019.

REVIEW & EDIT HISTORY

Document Changes	Reference	Date	P&T Chairman
Creation of Policy	ADHD Stimulant - Class Review (3-09)	3/2009	Allen Shek, PharmD
Updated Policy	Intuniv Monograph 5-18-2010.docx	5/2010	Allen Shek, PharmD
Updated Policy	ADHD review 20120515.docx	5/2012	Allen Shek, PharmD
Updated Policy	HPSJ Coverage Policy – Psychiatric – ADHD 2015-05.doc	5/2015	Jonathan Szkotak, PharmD, BCACP
Updated Policy	HPSJ Coverage Policy – Psychiatric – ADHD 2015-09.docx	9/2015	Johnathan Yeh, PharmD
Updated Policy	HPSJ Coverage Policy – Psychiatric – ADHD 2016-12.docx	12/2016	Johnathan Yeh, PharmD
Updated Policy	HPSJ Coverage Policy – Psychiatric – ADHD 2017-12.docx	12/2017	Johnathan Yeh, PharmD
Updated Policy	HPSJ Coverage Policy – Psychiatric – ADHD 2019-02.docx	2/2019	Matthew Garrett, PharmD

Note: All changes are approved by the HPSJ P&T Committee before incorporation into the utilization policy