

# Pharmacy Management Drug Policy

**SUBJECT: Attention Deficit Hyperactivity Disorder (ADHD) Stimulants Policy**

**POLICY NUMBER: PHARMACY-83**

**EFFECTIVE DATE: 8/19**

**LAST REVIEW DATE: 1/2/2020**

*If the member's subscriber contract excludes coverage for a specific service or prescription drug, it is not covered under that contract. In such cases, medical or drug policy criteria are not applied. Medical or drug policies apply to commercial and Health Care Reform products only when a contract benefit for the specific service exists.*

## **DESCRIPTION:**

All FDA approved short and long-acting central nervous system stimulants are indicated for the diagnosis of attention deficit hyperactivity disorder (ADHD). Stimulant therapy has been shown to be useful in children with ADHD along with parent and/or teacher-administered behavioral therapy.

The available stimulants are compounds of either amphetamine or methylphenidate and since individual patients respond differently to each compound, it cannot be determined beforehand which category will be more effective for a patient. Thus, when one treatment fails, a drug from the other category should be attempted. ADHD can continue into adulthood for at least 30 percent of patients diagnosed as a child and stimulant therapy is the mainstay of therapy in this population. With the exception of dextroamphetamine, which is only indicated for use in children ages 3-16, all FDA approved stimulants are approved for ADHD in adults.

Stimulant medications have cardiovascular warnings from the FDA with sudden death, stroke, and myocardial infarction having been reported in adults. The benefits of treatment must also be weighed against growth suppression in children, psychotic or manic symptoms, neurological side effects, and potential risks for dependence and diversion.

Other FDA approved indications for stimulants include binge-eating disorder (Vyvanse) and narcolepsy (dextroamphetamine and immediate release amphetamine-dextroamphetamine tablets).

The Pharmacy Management clinical team reviews the following drugs found in this policy. A Letter of Medical Necessity (LOMN), Exception Form, or Prior Authorization Form completion is required for consideration of drug coverage under this policy.

**Pharmacy Management Drug Policy**  
**Attention Deficit Hyperactivity Disorder (ADHD) Stimulants**

<b>DRUG NAME – generic name</b>
<b>Authorization Criteria</b>
<b>Adhansia XR, Aptensio XR, Daytrana, and Mydayis</b>
<ol style="list-style-type: none"> <li>1. Must have a had serious side effects or drug failure with TWO generic, long-acting stimulants such as amphetamine/dextroamphetamine ER, dexamethylphenidate ER or methylphenidate ER</li> <li>2. This applies to <b>open Commercial and open Exchange lines of business only</b></li> </ol>
<b>Adzenys XR ODT (amphetamine ER ODT), Adzenys ER (and generic amphetamine ER suspension), Cotelpla XR ODT (methylphenidate ER ODT), Dyanavel XR (amphetamine ER suspension), Quillichew ER (methylphenidate ER chewable tablets), Quillivant (methylphenidate ER suspension)</b>
<ol style="list-style-type: none"> <li>1. Must have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)</li> <li>2. Must have had serious side effects or drug failure with <u>all</u> of the following long-acting stimulants: dextroamphetamine/amphetamine ER, dexamethylphenidate ER, methylphenidate ER, and Vyvanse</li> <li>3. Member must have a swallowing disorder (a swallowing evaluation must be submitted to confirm)</li> </ol>
<b>Desoxyn and generic methamphetamine (Rx)</b>
<ol style="list-style-type: none"> <li>1. Methamphetamine is indicated for ADHD in children age 6 and older. It is also indicated for adults and children over age 12 with obesity. Based on the risk of dependence/abuse potential and the numerous alternatives available for both of these indications, methamphetamine is considered not medically appropriate for these FDA approved indications.</li> <li>2. All other off-label uses will also be considered not medically appropriate.</li> </ol>
<b>Jornay PM (methylphenidate ER)</b>
<ol style="list-style-type: none"> <li>1. Member must be 6 years of age or older</li> <li>2. Must have a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)</li> <li>3. Must have had serious side effects or drug failure with TWO of the following formulary long-acting stimulants: amphetamine/dextroamphetamine ER, dexamethylphenidate ER, methylphenidate ER, Vyvanse</li> <li>4. Prescriber must submit progress notes to document before-school functional impairment and/or difficulties performing a morning routine</li> </ol>
<b>Managed Medicaid Members only: dexamethylphenidate ER, dextroamphetamine ER, dextroamphetamine/amphetamine ER, Metadate ER, methylphenidate ER, Relexxii (methylphenidate ER), Vyvanse (lisdexamfetamine)</b>
<ol style="list-style-type: none"> <li>1. For members age 19 or older, must have an FDA approved or compendia supported diagnosis. The following are acceptable FDA-approved and compendia supported uses: attention deficit hyperactivity disorder (ADHD), cancer-related fatigue in adults, augmentation therapy for major depressive disorder, and narcolepsy or other sleep related disorders confirmed by a sleep study.</li> <li>2. As stated above, this applies to Managed Medicaid Members only.</li> </ol>

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### **POLICY GUIDELINES:**

1. Unless otherwise stated above within the individual drug criteria, approval time-period will be for 2 years.
  - Continued approval at time of recertification will require documentation that the drug is providing ongoing benefit to the patient in terms of improvement or stability in disease state or condition. Such documentation may include progress notes, imaging or laboratory findings, and other objective or subjective measures of benefit which support that continued use of the requested product is medically necessary. Also, ongoing use of the requested product must continue to reflect the current policy's preferred formulary. Recertification reviews may result in the requirement to try more cost-effective treatment alternatives as they become available (i.e.; generics, biosimilars, or other guideline-supported treatment options). Requested dosing must continue to be consistent with FDA-approved or off-label/guideline-supported dosing recommendations.
2. Prior-authorization is contract dependent.
3. For contracts where Insurance Law § 4903(c-1), and Public Health Law § 4903(3-a) are applicable, if trial of preferred drug(s) is the only criterion that is not met for a given condition, and the requesting prescriber provides rationale and documentation for one of the following circumstances, then trial of the preferred drug(s) will not be required.
  - The required prescription drug(s) is (are) contraindicated or will likely cause an adverse reaction or physical or mental harm to the member;
  - The required prescription drug is expected to be ineffective based on the known clinical history and conditions and concurrent drug regimen;
  - The required prescription drug(s) was (were) previously tried while under the current or a previous health plan, or another prescription drug or drugs in the same pharmacologic class or with the same mechanism of action was (were) previously tried and such prescription drug(s) was (were) discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event;
  - The required prescription drug(s) is (are) not in the patient's best interest because it will likely cause a significant barrier to adherence to or compliance with the plan of care, will likely worsen a comorbid condition, or will likely decrease the ability to achieve or maintain reasonable functional ability in performing daily activities;
  - The individual is stable on the requested prescription drug. The medical profile of the individual (age, disease state, comorbidities), along with the rationale for deeming stability as it relates to standard medical practice and evidence-based practice protocols for the disease state will be taken into consideration.
  - The above criteria are not applicable to requests for brand name medications that have an AB rated generic. We can require a trial of an AB-rated generic equivalent prior to providing coverage for the equivalent brand name prescription drug.
4. This policy is applicable to drugs that are included on a specific drug formulary. If a drug referenced in this policy is non-formulary, please reference the Non-Formulary Medication Exception Review Policy for review guidelines.
5. This policy is subject to frequent revisions as new medications come onto the market. Some drugs will require prior authorization prior to criteria being added to the policy.
6. Supportive documentation of previous drug use must be submitted for any criteria that require a trial of a preferred agent, if the preferred drug is not found in claims history.

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7. Dose and frequency should be in accordance with the FDA label or recognized compendia (for off-label uses). When services are performed in excess of established parameters, they may be subject to review for medical necessity.

### **UPDATES:**

Date	Revision
1/20	Revised
8/19	Created

### **REFERENCES:**

1. 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. Available at: <http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654.full.pdf+html>.
2. Practice parameter for the assessment and treatment of children and adolescents with attention-deficit/hyperactivity disorder. J Am Acad Child Adolesc Psychiatry. 2007;46(7):894- 921. Available at: [http://www.aacap.org/AACAP/Resources\\_for\\_Primary\\_Care/Practice\\_Parameters\\_and\\_Resource\\_Centers/Practice\\_Parameters.aspx](http://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx). Accessed March 8, 2019.
3. Wolraich M, Brown L, Brown RT, et al; 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. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4500647/pdf/nihms701937.pdf>. Accessed on March 8, 2019.
4. Cortese S, Adamo N, Del Giovane C, et al. Comparative efficacy and tolerability of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis. Lancet Psychiatry. 2018;5(9):727-738.
5. Post, Robert et al; Diagnosis and Management of ADHD in Adults. Am Fam Physcian. 2012 May 1; 85(9); 890-896 <https://www.aafp.org/afp/2012/0501/p890.html>. Accessed on July 15, 2019