Commercial/Healthcare Exchange PA Criteria

Effective: 1/1/2019

Prior Authorization: ADHD Stimulants

Products Affected: Adhansia XR, Adzenys ER Susp/ XR-ODT, Amphetamine ER 1.25 mg/ml extended release suspension, Aptensio XR, Cotempla XT-ODT, Dyanavel XR, Focalin XR, Jornay PM, Quillichew ER, Quillivant Susp

Medication Description:

Attention deficit hyperactivity disorder (ADHD) is a neurobehavioral disorder that typically begins in childhood and often persists into adulthood. ADHD is characterized by developmentally inappropriate levels of inattention and hyperactivity resulting in functional impairment in academic, family, and social settings. ADHD is the most commonly diagnosed neurobehavioral disorder of childhood.

The American Academy of Pediatrics (AAP) clinical practice guideline for the diagnosis, evaluation, and treatment of ADHD in children and adolescents was updated in 2011, and incorporates many of the findings from the Multimodal Treatment Study of Children with ADHD (MTA). Previous AAP guidelines only addressed children 6 to 12 years of age. However, now there is evidence to include adolescents and preschoolers. For preschool-aged children (4 to 5 years of age), behavior therapy should be prescribed as first-line treatment; methylphenidate may be prescribed if behavior interventions do not provide significant improvement and disturbance of function continues. For elementary school-aged children (6 to 11 years of age), a Food and Drug Administration (FDA)-approved medication for ADHD (and/or behavior therapy, but preferably both) should be prescribed. Evidence is particularly strong for stimulant medications. For adolescents (12 to 18 years of age), an FDA-approved medication for ADHD (and behavior therapy, but preferably both) should be prescribed with the agreement of the adolescent. The dose of medication should be titrated to achieve maximum benefit with minimum adverse events (AEs). The findings from the MTA study suggested that more than 70% of children and youth with ADHD respond to one of the stimulant medications at an optimal dose when a systematic trial is used.

Methylphenidate and amphetamine formulations have similar effects and AEs, and remain the first choice of medication treatment. Some patients will respond better to or display more AEs with one compound vs. another; however, these effects cannot be predetermined. Therefore, if one medication is unsuccessful, another medication should be tried. At least half of the patients whose symptoms fail to respond to one stimulant medication may have a positive response to the alternative medication.

Covered Uses: Attention Deficit Hyperactivity Disorder

Exclusion Criteria:

1. Concomitant treatment with monoamine oxidase inhibitors (MAOIs), and also within 14 days following discontinuation of treatment with a MAOI

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 6 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

A. Patient has a diagnosis of ADHD; **AND**
B. Patient has had a documented trial and failure of at least TWO of the following medications:
   a. Amphetamine/Dextroamphetamine IR/ER Tablets or Capsules
   b. Dextroamphetamine Sulfate IR/ER
   c. Dexmethylphenidate IR/ER/XR
   d. Methylphenidate IR/CD/ER/ER Chew
   e. Mydayis
   f. Vyvanse

References:

1. Micromedex® Healthcare Series [Internet database], Greenwood Village, Colo: Thomson Micromedex; January 6, 2016.
2. National Survey of Children's Health (NSCH). Data Resource Center for Child and Adolescent Health. Available at: http://childhealthdata.org/learn/NSCH. Accessed on: January 6, 2016.
3. American Academy of Pediatrics. 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/128/5/1007.full.pdf+html. Accessed on: January 6, 2016.
4. American Academy of Pediatrics. Supplemental Information. Implementing the key action statements: an algorithm and explanation for process of care for the evaluation, diagnosis, treatment, and monitoring of ADHD in children and adolescents. Pediatrics. 2011;SI1–SI21. Available at: http://pediatrics.aappublications.org/content/suppl/2011/10/11/peds.2011-2654.DC1.full. Accessed on: January 6, 2016.
5. Biederman J, Krishnan S, Zhang Y, et al. Efficacy and tolerability of lisdexamfetamine dimesylate (NRP104) in children with attention deficit/hyperactivity disorder (ADHD): a phase III, multicenter, randomzied, doubleblind, forced-dose, parallel-group study. Clin Ther. 2007;29(3):450-463.
6. American Academy of Child and Adolescent Psychiatry. 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.
7. Yager J, Devlin MJ, Halmi KA, et al. American Psychiatric Association work group on eating disorders. Treatment of patients with eating disorders, 3rd edition. Am J Psychiatry. 2006:163(7 Suppl):4-54. Available at: http://psychiatryonline.org/guidelines. Accessed on: January 6, 2016.

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/2019

2	Update	Removal of Evekeo, added to Evekeo policy	Exceptions for Stepped Medications	7/24/19
3	Update	Addition of Adhansia XR Addition of Jornay PM	Products Affected	8/8/2019
4	Update	Addition of Amphetamine ER 1.25 mg/ml extended release suspension	Products Affected	1/6/2020