

Clinical Edit Criteria Proposal

Drug/Drug Class: ADHD Therapy Clinical Edit

Date: August 6, 2010

Prepared for:

Prepared by: MO HealthNet

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose: To continue to monitor and ensure appropriate utilization of medications used to treat ADHD.

Why was this Issue Selected:

The CNS stimulant therapeutic class has been edited within the MO HealthNet Pharmacy Program, since 1992. In August of 2003, the restriction on these medications was significantly lessened with the implementation of a stimulant clinical edit, eventually leading to an ADHD therapy edit which now includes Strattera. With the increased recognition of impairment due to adult attention deficit disorder, there is a need to re-evaluate the products used to treat ADHD.

Program-specific information:	Drug	Claims	Expenditures
	• Stimulants	143,629	\$15,381,770
	• Strattera	29,068	\$4,206,838
			11/06 thru 10/07

Setting & Population: All patients.

Type of Criteria:

<input type="checkbox"/> Increased risk of ADE	<input type="checkbox"/> Non-Preferred Agent
<input checked="" type="checkbox"/> Appropriate Indications	<input type="checkbox"/>

Data Sources:

<input type="checkbox"/> Only administrative databases	<input checked="" type="checkbox"/> Databases + Prescriber-supplied
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Setting & Population

- Drug Class for review: ADHD Therapies
- Age range: All ages
- Gender: Male and female

Approval Criteria

- ADHD therapy can be approved for the following indications:

Condition	Submitted ICD-9 Diagnoses	Inferred Diagnosis	History Date Range
Attention Deficit Hyperactivity Disorder, Inattentive type	314.00	----	730 days
Attention Deficit Hyperactivity Disorder, Combined Type	314.01	----	730 days
Attention Deficit Hyperactivity Disorder, unspecified	314.9	---	730 days
Narcolepsy (stimulants only)	347	Subject to clinical review	730 days

- **Under 6 years of age – confirmed diagnosis using standardized rating scale (for example)**
 - **Conners' Rating Scale-Revised**
 - [Vanderbilt ADHD Diagnostic Teacher's Rating Scale-Bright Futures](#)
 - [Vanderbilt ADHD Diagnostic Teachers Rating Scale-UOHS](#)
 - [Vanderbilt ADHD Diagnostic Parents' Rating Scale](#)
 - [ADHD-RS](#)

[Additional Resources](#)

- **Under 6 years of age - remove compliance authorization piece**
 - **Requires yearly evaluation (minimum)**
- 6 to 18 years – appropriate diagnosis
 - Oral Stimulants
 - Strattera
 - Daytrana Transdermal System
 - **Patient ages 6 to 17 years**



- Patient stabilized on oral long-acting methylphenidate therapy
- Clinical Consultant Review for approval outside of established parameters
- 18 – 23 years of age
 - Appropriate Diagnosis
 - Goals of therapy – Can include academic/work enrollment
 - Requires clear goals of therapy from provider
- Adult ADHD -- Over 23 years of age
 - Positive diagnosis – DSM IV diagnostic criteria including:
 - Childhood onset – may include family history or corroboration of childhood symptoms
 - Clear evidence of clinical symptoms in 2 or more environments (social, academic, or occupational)
 - May require diagnostic verification using standardized rating scale
 - i. ASRS
 - ii. ADHD-RS
 - Co-Morbidities
 - Claim may be flagged for clinical consultant review secondary to comorbid substance abuse diagnosis.
 - i. See Appendix for specific ICD-9 Diagnoses Codes inclusion/exclusion criteria
 - Claim flagged for clinical consultant review secondary to concomitant psychiatric medication use of 3 or more agents (including requested ADHD therapy)
 - i. Claim flagged if concomitant use of benzodiazepines present
 - Psychiatric Specialist Consult (within most recent 6 months) – required for diagnosis and treatment initiation
 - Patient may receive regular follow-up by primary care physician
 - Adequate trial required on monotherapy
 - Goals of therapy – clearly defined by prescriber

Denial Criteria

- Failure to meet approval criteria.

References:

1. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2004.
2. Facts and Comparisons, pg. 763 - 783; 2004.
3. USPDI, Micromedex; 2004.
4. ACS-Heritage Information Systems. Drug Monograph: “Atomoxetine (Strattera).” January 2003.



5. Drug Prior Authorization Sub-Committee Meeting. "ADHD Adult Therapy." Department of Mental Health/Division of Medical Services. March/April/June 2005.
6. Psychology Prior Authorization Advisory Committee Meeting. "Evidence-Based Practice Discussion – ADHD and Stimulant Therapy". MO HealthNet Division. November 2007.



Appendix

- ICD-9 Codes {291 – 305} “Substance Abuse Diagnoses” will be considered a co-morbid diagnosis triggering consultant review of claim
 - Table below shows “Substance Abuse Diagnoses” ICD-9 Codes which, if present in the aggregate patient record, will initiate consultant review.

Condition	Submitted ICD-9 Diagnoses	Inferred Diagnosis	History Date Range
Alcohol-induced Mental Disorders	291 – 291.9	---	730 days
Drug-induced Mental Disorders	292 – 292.9	---	730 days
Alcohol Dependence Syndrome	303 – 303.9	---	730 days
Drug Dependence	304 – 304.9	---	730 days
Alcohol Abuse	305.0	---	730 days
Cannabis Abuse	305.2	---	730 days
Hallucinogen Abuse	305.3	---	730 days
Sedative, Hypnotic or Anxiolytic Abuse	305.4	---	730 days
Opioid Abuse	305.5	---	730 days
Cocaine Abuse	305.6	---	730 days
Amphetamine Abuse	305.7	---	730 days
Antidepressant Abuse	305.8	---	730 days
Other or Unspecified Drug Abuse	305.9	---	730 days

