SmartPA Criteria Proposal

Drug/Drug Class:	ADHD, Methylphenidate Long Acting PDL Edit
First Implementation Date:	January 10, 2019
Proposed Date:	September 16, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Attention deficit hyperactivity disorder (ADHD) is a neuropsychiatric disorder with symptoms that affect cognitive, academic, occupational, behavioral, emotional, and social functioning. Although typically thought of as a childhood disease, many patients will require treatment into adulthood. Treatment recommendations for patients with ADHD vary based on age and include behavioral changes, cognitive therapy, and pharmacotherapy. Pharmacotherapy options include stimulants, such as methylphenidate and amphetamine, and nonstimulant medications.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Concerta®	• Adhansia XR®
• Daytrana®	• Aptensio XR®
• Focalin XR®	• Cotempla XR ODT®
• Metadate® ER	• Dexmethylphenidate XR
• Methylphenidate SR	• Jornay PM®
• Quillivant XR®	• **Methylphenidate CD**
	• Methylphenidate ER
	• **Methylphenidate LA**
	• **Quillichew ER®**
	• Relexxii™ ER
	• Ritalin LA®

Type of Criteria:
☐ **Increased risk of ADE**
☒ **Appropriate Indications**
☒ **Preferred Drug List**
☐ **Clinical Edit**

Data Sources:
☐ **Only Administrative Databases**
☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: ADHD: Methylphenidate, Long Acting
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Dosage within approved dosage limitations **AND**
- For methylphenidate ER 72 mg tabs (gen Relexii ER) **and Quillichew ER**: Clinical Consultant Review
- Participant demonstrates compliance to prescribed therapy **OR**
- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents (90 out of 120 days) **OR**
  - Documented ADE/ADR to preferred agents
- Therapy may be approved for indications below (clinical consultant review may be required):
  - Attention deficit hyperactivity disorder
  - Idiopathic hypersomnia
  - In the treatment of cancer: depression or opioid-induced sedation
  - Narcolepsy
  - **Stroke: as short-term adjunct for rehabilitation therapy**
- Participant aged < 6 years:
  - Compliance authorization piece is removed (requires a yearly evaluation at minimum)
  - Confirmed diagnosis of ADHD with signs/symptoms in 2 or more settings using a standardized rating scale:
    - Conners' Rating Scale-Revised
    - Vanderbilt ADHD Diagnostic Teacher Rating Scale-Bright Futures
    - Vanderbilt ADHD Diagnostic Teacher Rating Scale-UOHSC
    - Vanderbilt ADHD Diagnostic Parent Rating Scale
    - ADHD-RS
    - Additional Resources
- Participant aged ≥ 6 years and < 18 years: appropriate diagnosis (see above)
- Participant aged ≥ 18 years:
  - **Diagnosis of ADHD:**
    - **Must submit standardized self-rating scale and goals of therapy clearly defined by prescriber (may include academic/work enrollment)**
    - **At least 5 of the 9 symptoms of inattention and/or at least 5 of the 9 symptoms of hyperactivity and impulsivity from the DSM-5**
      - **DSM-5 Diagnostic Criteria - Attention-Deficit/Hyperactivity Disorder (ADHD)**
    - **Clear evidence that the symptoms interfere with social, academic, or occupational functioning**
    - ~~**Claim may be flagged for clinical consultant review secondary to comorbid substance use disorder diagnosis**~~
    - ~~**Psychiatric Specialist Consult (within most recent 6 months) required for diagnosis and treatment initiation (participant may receive regular follow-up by primary care physician)**~~
  - **Other appropriate diagnosis (see above)**

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- Claim exceeds maximum dosing limitation for the following:

Drug Description	Generic Equivalent	Max Dosing Limitation
DAYTRANA 10 MG/9 H PATCH	METHYLPHENIDATE	1 patch per day

DAYTRANA 15 MG/9 H PATCH	METHYLPHENIDATE	1 patch per day
DAYTRANA 20 MG/9 H PATCH	METHYLPHENIDATE	1 patch per day
DAYTRANA 30 MG/9 H PATCH	METHYLPHENIDATE	1 patch per day

Required Documentation

Laboratory Results:		Progress Notes:	X
MedWatch Form:		Other:	X

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

3 months

References

1. Evidence-Based Medicine and Fiscal Analysis: “Attention Deficit Hyperactivity Disorder (ADHD) Agents – Therapeutic Class Review”-, Conduent Business Services, L.L.C., Richmond, VA; July 2021.
2. Psychology Prior Authorization Advisory Committee Meeting. "Evidence-Based Practice Discussion – ADHD and Stimulant Therapy". MO HealthNet Division. November 2007.
3. Drug Prior Authorization Sub-Committee Meeting. “ADHD Adult Therapy.” Department of Mental Health/Division of Medical Services. March/April/June 2005.American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (5th ed.), Washington, DC; 2013.Lippincott, Williams, Wilkins.
4. Drug Effectiveness Review Project – Drug Class Review: Pharmacologic Treatments for Attention Deficit Hyperactivity Disorder. Center for Evidence-Based Policy, Oregon Health & Science University; September 2005/Updated July 2015; Preliminary Scan Report June 2016.
5. Evidence-Based Medicine Analysis: “Attention Deficit Hyperactivity Disorder (ADHD)”, UMKC-DIC; July 2021.
6. USPDI, Micromedex; 2021.
7. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.