Drug/Drug Class: ADHD: Amphetamines, Long Acting PDL Edit
First Implementation Date: January 10, 2019
Proposed Date: September 17, 2020
Prepared For: MO HealthNet
Prepared By: MO HealthNet/Conduent
Criteria Status: ☒ Revision of Existing Criteria

Executive Summary

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

Why 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 Non-Stimulant ADHD medications. 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.

Participants that are currently on a drug that is listed as non-preferred are not required to switch to a preferred agent as long as they have been compliant with their current therapy.

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

Program-Specific Information:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Adderall XR®</td>
<td>- Adzenys ER™</td>
</tr>
<tr>
<td>- Vyvanse® Caps</td>
<td>- Adzenys XR ODT™</td>
</tr>
<tr>
<td>- Vyvanse® Chew Tabs</td>
<td>- Amphetamine ER Susp (gen Adzenys ER™)</td>
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<tr>
<td></td>
<td>- Dexedrine® Spansule</td>
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<tr>
<td></td>
<td>- Dextroamphetamine ER</td>
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<tr>
<td></td>
<td>- Dextroamphetamine/Amphetamine ER (gen Adderall XR®)</td>
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<tr>
<td></td>
<td>- Dyanavel® XR</td>
</tr>
<tr>
<td></td>
<td>- Mydayis™ ER</td>
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</tbody>
</table>

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

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

SmartPA PDL Proposal Form
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Setting & Population

- Drug class for review: ADHD: Amphetamines, Long Acting
- Age range: All appropriate MO HealthNet participants aged 6 years and older

Approval Criteria

- Dosage within approved dosage limitations **AND**
- Participant demonstrates compliance to prescribed therapy **OR**
- Failure to achieve desired therapeutic outcomes with trial on 2 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
  - Opioid-Induced Sedation or Depression in the treatment of Cancer
  - Idiopathic hypersomnia
  - Binge-Eating Disorder: Vyvanse only
  - Narcolepsy
- Participant aged ≥ 6 years and < 18 years: appropriate diagnosis of ADHD or Idiopathic hypersomnia
- Participant aged ≥ 18 years and < 23 years:
  - Appropriate diagnosis (see above)
  - For ADHD therapy: Goals of therapy clearly defined by prescriber (may include academic/work enrollment)
- Participant aged > 23 years:
  - Diagnosis of Opioid-Induced Sedation or Depression in the treatment of Cancer or Idiopathic hypersomnia **OR**
  - Diagnosis of ADHD:
    - Positive diagnosis – Diagnostic criteria including:
      - 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
      - Symptoms are present in 2 or more settings
      - Clear evidence that the symptoms interfere with social, academic or occupational functioning.
    - DSM-5 Diagnostic Criteria - Attention-Deficit/Hyperactivity Disorder (ADHD)
      - Claim may be flagged for clinical consultant review secondary to comorbid substance use disorder diagnosis (see Appendix I for specific ICD-10 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)
      - Claim flagged if concomitant use of benzodiazepines present
      - Psychiatric Specialist Consult (within most recent 6 months) required for diagnosis and treatment initiation (participant may receive regular follow-up by primary care physician)
      - Adequate trial required for monotherapy

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- Participant aged < 6 years: Clinical Consultant Review
Required Documentation

Laboratory Results: ☐  Progress Notes: ☑
MedWatch Form: ☐  Other: ☑

Disposition of Edit

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

Default Approval Period

3 months

References

5. Evidence-Based Medicine Analysis: "Attention Deficit Hyperactivity Disorder (ADHD)", UMKC-DIC; July 2020.
7. USPDI, Micromedex; 2020.
8. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.