

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	ADHD, Methylphenidate Long Acting PDL Edit
<b>First Implementation Date:</b>	January 10, 2019
<b>Proposed Date:</b>	October 17, 2023
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> 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
	<ul style="list-style-type: none"> <li>Concerta®</li> <li>Daytrana®</li> <li>Dexmethylphenidate XR</li> <li>Methylphenidate SR</li> <li>Quillivant XR®</li> </ul>	<ul style="list-style-type: none"> <li>Aptensio XR®</li> <li>Azstarys®</li> <li>Cotempla XR ODT®</li> <li>Focalin XR®</li> <li>Jornay PM®</li> <li>Methylphenidate CD</li> <li>Methylphenidate ER Caps (gen Aptensio XR®)</li> <li>Methylphenidate ER Tabs (gen Concerta®)</li> <li>Methylphenidate ER 45 mg, 63 mg, 72 mg Tabs (gen Relexxii™ ER Tabs)</li> <li>Methylphenidate LA</li> <li>Methylphenidate Patches</li> <li>Quillichew ER®</li> <li>Relexxii® ER Tabs</li> <li>Ritalin LA®</li> </ul>

**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 **45 mg, 63 mg, and 72 mg** tabs (gen Relexxii 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-UHSC](#)
    - [Vanderbilt ADHD Diagnostic Parent Rating Scale](#)
    - [ADHD-RS](#)
    - [Additional Resources](#)

## 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: ☐  
MedWatch Form: ☐

Progress Notes: ☒  
Other: ☒

SmartPA PDL Proposal Form

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## Disposition of Edit

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

## Default Approval Period

3 months

## References

- Evidence-Based Medicine Analysis: "Attention Deficit Hyperactivity Disorder (ADHD)", UMKC-DIC; June 2023.
- Evidence-Based Medicine and Fiscal Analysis: "ADHD, Methylphenidate, Long Acting – Therapeutic Class Review"-, Gainwell Technologies; last updated July 19, 2023.
- Psychology Prior Authorization Advisory Committee Meeting. "Evidence-Based Practice Discussion – ADHD and Stimulant Therapy". MO HealthNet Division. November 2007.
- 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.
- 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.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.