Missouri Pharmacy Program – Preferred Drug List

ADHD Methylphenidate – Long Acting

Effective 01/10/2019
Revised 01/09/2020

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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<tbody>
<tr>
<td>• Concerta®</td>
<td>• Adhansia XR™</td>
</tr>
<tr>
<td>• Daytrana®</td>
<td>• Aptensio XR™</td>
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<tr>
<td>• Focalin XR®</td>
<td>• Cotempla XR ODT™</td>
</tr>
<tr>
<td>• Metadate® ER</td>
<td>• Dexamethylphenidate XR</td>
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<tr>
<td>• Methylphenidate CD</td>
<td>• Jornay PM™</td>
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<tr>
<td>• Methylphenidate LA</td>
<td>• Metadate CD®</td>
</tr>
<tr>
<td>• Methylphenidate SR</td>
<td>• Methylphenidate ER (gen Concerta®)</td>
</tr>
<tr>
<td>• Quillichew ER™</td>
<td>• Relexxii™ ER Tabs</td>
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<tr>
<td>• Quillivant XR®</td>
<td>• Ritalin LA®</td>
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</tbody>
</table>

Approval Criteria

- Dosage within approved dosage limitations AND
- 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
  - Opioid-Induced Sedation or Depression in the treatment of Cancer
  - Idiopathic hypersomnia
- Participant aged ≥ 6 years and < 18 years: appropriate diagnosis (see above)
- 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:
    - Confirmed diagnosis of ADHD using DSM-5 Diagnostic Criteria - Attention-Deficit/Hyperactivity Disorder (ADHD) AND
    - Completion of an adult ADHD self-rating scale confirming diagnosis AND
    - Documentation of symptoms occurring in 2 or more settings AND
    - Clear evidence that the symptoms interfere with social, academic or occupational functioning AND
    - Goals of therapy clearly defined by prescriber
    - Claim may be flagged for clinical consultant review secondary to comorbid substance use disorder diagnosis
    - 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 no approval criteria are met
- Participant aged < 6 years
- Drug Prior Authorization Hotline: (800) 392-8030