



Missouri Pharmacy Program – Preferred Drug List



ADHD Methylphenidate – Short Acting

Effective 01/10/2019

Revised 01/09/2020

Preferred Agents

- Dexmethylphenidate
- Methylphenidate Soln
- Methylphenidate Tabs

Non-Preferred Agents

- Focalin®
- **Methylphenidate Chew**
- Methylin® Chew
- Methylin® Soln
- Ritalin®

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
 - Narcolepsy
- Participant aged < 6 years:
 - Compliance authorization piece is removed (requires a yearly evaluation at minimum) **AND**
 - Confirmed diagnosis of ADHD using DSM-5 Diagnostic Criteria - Attention-Deficit/Hyperactivity Disorder (ADHD) **AND**
 - Completion of a standardized rating scale (examples below) indicating the presence of symptoms in 2 or more settings:
 - Conners' Rating Scale-Revised
 - Vanderbilt ADHD Diagnostic Teacher's Rating Scale-Bright Futures
 - Vanderbilt ADHD Diagnostic Teachers Rating Scale-UOHSC
 - Vanderbilt ADHD Diagnostic Parents' Rating Scale
 - ADHD-RS
 - Additional Resources **AND**
 - Documentation of the signs & symptoms of ADHD evident to the provider during assessment of the child
 - Claim may be flagged for clinical consultant review if co-morbid psychiatric diagnoses exist
- 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, Idiopathic hypersomnia, or Narcolepsy **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
- Drug Prior Authorization Hotline: (800) 392-8030