ADHD Non-Stimulant Agents

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>• Atomoxetine</td>
<td>• Intuniv®</td>
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<tr>
<td>• Clonidine ER</td>
<td>• Kapvay™</td>
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<tr>
<td>• Guanfacine ER</td>
<td>• Strattera®</td>
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</tbody>
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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
- Participant aged ≥ 6 years and < 18 years: appropriate diagnosis of ADHD
- Participant aged ≥ 18 years and < 23 years:
  - Appropriate diagnosis of ADHD
  - Goals of therapy clearly defined by prescriber (may include academic/work enrollment)
- Participant aged > 23 years: appropriate 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 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