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:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerta®</td>
<td>Adhansia XR®</td>
</tr>
<tr>
<td>Daytrana®</td>
<td>Aptensio XR®</td>
</tr>
<tr>
<td>Dexmethylphenidate XR</td>
<td>Cotempla XR ODT®</td>
</tr>
<tr>
<td>Metadate® ER</td>
<td>Focalin XR®</td>
</tr>
<tr>
<td>Methylphenidate SR</td>
<td>Jornay PM®</td>
</tr>
<tr>
<td>Quillivant XR®</td>
<td>Methylphenidate CD</td>
</tr>
<tr>
<td></td>
<td>Methylphenidate ER</td>
</tr>
<tr>
<td></td>
<td>Methylphenidate LA</td>
</tr>
<tr>
<td></td>
<td><strong>Methylphenidate Patches</strong></td>
</tr>
<tr>
<td></td>
<td>Quillichew ER®</td>
</tr>
<tr>
<td></td>
<td>Relexxii™ ER</td>
</tr>
<tr>
<td></td>
<td>Ritalin LA®</td>
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</tbody>
</table>

Type of Criteria: ☒ Preferred Drug List  ☐ Increased risk of ADE  ☒ Appropriate Indications  ☐ 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 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-UOHSC
    - Vanderbilt ADHD Diagnostic Parent Rating Scale
    - ADHD-RS
    - Additional Resources
- Participant aged ≥ 6 years and < 24 years: appropriate diagnosis (see above)
- Participant aged ≥ 24 years:
  - Diagnosis of ADHD:
    - Must submit standardized self-rating scale and goals of therapy clearly defined by prescriber (may include academic/work enrollment)
    - 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
      - DSM-5 Diagnostic Criteria - Attention-Deficit/Hyperactivity Disorder (ADHD)
    - Clear evidence that the symptoms interfere with social, academic, or occupational functioning
  - Other appropriate diagnosis (see above)

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:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Generic Equivalent</th>
<th>Max Dosing Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAYTRANA 10 MG/9 H PATCH</td>
<td>METHYLPHENIDATE</td>
<td>1 patch per day</td>
</tr>
<tr>
<td>DAYTRANA 15 MG/9 H PATCH</td>
<td>METHYLPHENIDATE</td>
<td>1 patch per day</td>
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<tr>
<td>DAYTRANA 20 MG/9 H PATCH</td>
<td>METHYLPHENIDATE</td>
<td>1 patch per day</td>
</tr>
<tr>
<td>DAYTRANA 30 MG/9 H PATCH</td>
<td>METHYLPHENIDATE</td>
<td>1 patch per day</td>
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</table>
Required Documentation

<table>
<thead>
<tr>
<th>Laboratory Results:</th>
<th>Progress Notes:</th>
<th>MedWatch Form:</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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; July 2021.
- USPDI, Micromedx; 2021.
- Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.