



SmartPA Criteria Proposal

Drug/Drug Class:	ADHD, Amphetamines Short Acting PDL Edit
First Implementation Date:	January 10, 2019
Revised Date:	May 18, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<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"> Dextroamphetamine 5, 10 mg Tabs (gen Dextrostat®) Dextroamphetamine/Amphetamine Procentra® Soln (< 10 years of age) 	<ul style="list-style-type: none"> Adderall® Amphetamine Sulfate Tabs (gen Evekeo®) Desoxyn® Tabs Dextroamphetamine Soln Dextroamphetamine 15, 20, 30 mg Tabs (Zenzedi®) Evekeo® Methamphetamine Tabs Procentra® Soln (≥ 10 years of age) Zenzedi® 2.5, 7.5 mg Tabs

- Type of Criteria:** Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit
- Data Sources:** Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: ADHD, Amphetamines Short Acting PDL Edit

- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Dosage within approved dosage limitations **AND**
- Participant demonstrates compliance to prescribed therapy **OR**
- For Procentra: participants aged < 10 years first line access as preferred therapy **OR**
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
 - Documented trial period for preferred agents (90 out of 120 days) **OR**
 - Documented ADE/ADR to preferred agents **AND**
- 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

Required Documentation

Laboratory Results:	<input type="checkbox"/>	Progress Notes:	<input checked="" type="checkbox"/>
MedWatch Form:	<input type="checkbox"/>	Other:	<input checked="" type="checkbox"/>

Disposition of Edit

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

SmartPA PDL Proposal Form
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Default Approval Period

3 months

References

- Evidence-Based Medicine Analysis: “Attention Deficit Hyperactivity Disorder (ADHD)”, UMKC-DIC; July 2022.
- Evidence-Based Medicine and Fiscal Analysis: “Attention Deficit Hyperactivity Disorder (ADHD) Agents – Therapeutic Class Review”-, Conduent Business Services, L.L.C., Richmond, VA; July 2021.
- 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; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.