



## Missouri Pharmacy Program – Preferred Drug List



### ADHD Methylphenidate – Long Acting

Effective 01/10/2019

Revised 08/17/2020

#### Preferred Agents

- Concerta®
- Daytrana®
- Focalin XR®
- Metadate® ER
- Methylphenidate CD
- Methylphenidate LA
- Methylphenidate SR
- Quillichew ER™
- Quillivant XR®

#### Non-Preferred Agents

- Adhansia XR™
- Aptensio XR™
- Cotempla XR ODT™
- Dexmethylphenidate XR
- Jornay PM™
- Metadate CD®
- Methylphenidate ER (gen Concerta®)
- Methylphenidate ER 72mg Tabs
- Relexxii™ ER Tabs
- Ritalin LA®

### 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
  - **Narcolepsy**
- 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