



Missouri Pharmacy Program – Preferred Drug List



ADHD Therapy Agents

Effective 01/10/2019

Revised 02/01/2019

Preferred Agents

Non-Preferred Agents

Amphetamine Like, Long Acting

- Adderall XR
- Vyvanse Capsule
- Vyvanse Chewable Tablet
- Adzenys ER Suspension
- Adzenys XR ODT
- Amphetamine Salt Combo (gen Adderall XR)
- Dexedrine Spansule
- Dextroamphetamine ER (gen Dexedrine)
- Dyanavel XR Suspension
- Mydayis ER Capsule

Amphetamine Like, Short Acting

- Dextroamphetamine Tablet
- Dextroamphetamine-Amphetamine
- Adderall
- Desoxyn Tablet
- Dextroamphetamine Solution
- Evekeo Tablet
- Methamphetamine Tablet
- Procentra Solution
- Zenzedi MSB
- Zenzedi Tablet

Methylphenidate, Long Acting

- Aptensio XR
- Daytrana
- Focalin XR
- Methylphenidate CD (gen Metadate CD)
- Methylphenidate ER (gen Concerta)
- Methylphenidate LA (gen Ritalin LA)
- Methylphenidate SR (gen Ritalin SR)
- Quillichew ER
- Quillivant XR
- Concerta
- Cotempla XR ODT
- Dexmethylphenidate XR (gen Focalin XR)
- Metadate CD
- Methylphenidate ER 72mg Tablet
- Relexxii ER Tablet
- Ritalin LA

Methylphenidate, Short Acting

- Dexmethylphenidate (gen Focalin)
- Methylin Solution
- Methylphenidate (gen Ritalin)
- Methylphenidate Chew Tab
- Focalin
- Methylphenidate Solution
- Ritalin

Non-Stimulants

- **Clonidine ER (gen Kapvay)**
- Guanfacine ER
- Atomoxetine (gen Strattera)
- Intuniv
- **Kapvay**
- Strattera

Approval Criteria

- ADHD Therapy can be approved for indications below:
 - Attention Deficit Hyperactivity Disorder
 - Opioid-Induced Sedation or Depression in the treatment of Cancer
 - Idiopathic hypersomnia (consultant review required)
 - Narcolepsy – Stimulants only (consultant review required)
 - Binge-Eating Disorder – Vyvanse only (consultant review required)
- 1. Under 6 years of age – confirmed diagnosis using a standardized rating scale (for example):
 - 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
- 2. Under 6 years of age - remove compliance authorization piece
 - Requires yearly evaluation (minimum)
- 3. 6 to 18 years – appropriate diagnosis
 - Oral Stimulant Medications
 - Oral Non-Stimulant Medications
 - Daytrana Transdermal System
 - Patient ages 6 to 17 years
 - Patient stabilized on oral long-acting methylphenidate therapy
 - Clinical Consultant Review for approval outside of established parameters
- 4. 18 – 23 years of age
 - Appropriate Diagnosis
 - Goals of therapy – Can include academic/work enrollment
 - Requires clear goals of therapy from the provider
- 5. Adult ADHD -- Over 23 years of age
 - Positive diagnosis – Diagnostic criteria including:
 - 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-V
 - Co-Morbidities
 - Claim may be flagged for clinical consultant review secondary to comorbid substance use disorder diagnosis.
 - i. See Appendix B for specific ICD-10 Diagnoses Codes inclusion/exclusion criteria

Approval Criteria Continued

- Claim flagged for clinical consultant review secondary to concomitant psychiatric medication use of 3 or more agents (including requested ADHD therapy)
 - i. Claim flagged if concomitant use of benzodiazepines present
- Psychiatric Specialist Consult (within most recent 6 months) required for diagnosis and treatment initiation
- Patient may receive regular follow-up by primary care physician
 - Adequate trial required for monotherapy
 - Goals of therapy – clearly defined by prescriber
- Narcolepsy Diagnoses
- Idiopathic Hypersomnia Diagnoses
- Binge-Eating Disorder (B.E.D.) Criteria (Must meet ALL)
 1. Age 18 or older
 2. DSM diagnostic criteria A-E
 3. Patient has 4 or more binge-eating episodes per week for the past 3 months (indication is for moderate-to-severe B.E.D.)
 4. Documentation of non-pharmacologic therapies tried, such as CBT or Interpersonal Therapy for recent 3 month period that did not significantly reduce the number of binge eating episodes alone.
 5. Vyvanse Only - Dosage \leq 70mg/day
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents (90 days out of 120 days)
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Failure to meet approval criteria.
- Claims exceeding dosage limitations
- Drug Prior Authorization Hotline: (800) 392-8030