Criteria for authorization of stimulant therapy for ADHD
Finalized August 2017

Patients Age 5 and Under – New Starts and Patients New to Plan

1. Is the patient being treated for an OHP funded condition?

    a. Yes- move to question #2
    b. No- Cat 1 denial.

2. Is the prescribed stimulant medication, dose and indication approved for by the FDA for use in this age group?

    a. Yes- move to question #3.
    b. No- Cat 3 denial. Medication prescribed does not meet FDA approved indication and/or dosing for this age group

3. Is there documented evidence of a comprehensive evaluation by (or in consultation with) an appropriate provider experienced with psychosocial development and child behavior disorders (child psychiatrist or NP, pediatrician)?

    a. Yes- move to question #4.
    b. No -Deny Cat 5 – Children in this age group should be linked to a practitioner who is prepared to provide comprehensive management. Lack of appropriate practitioner assessment can result in negative outcomes.

4. Is there documentation that "parent behavior training" has been attempted (at least 4 sessions completed with recommendation for medication) and has failed to completely address symptoms AND
Parent/teacher administered therapy will continue concurrently with medication therapy?

    a. Yes – May approve up to 1 year
    b. No – Deny Cat 5 per Guideline Note 20- *For children age 5 and under diagnosed with disruptive behavior disorders, including those at risk for ADHD, first line therapy is evidence-based, structured "parent-behavior training. Second line therapy is pharmacotherapy. The term "parent" refers to the child's primary caregivers, regardless of biologic or adoptive relationship*.

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Adults ages 19 and older

1. Does the member have ADHD documented in the medical record and based on a comprehensive evaluation from an appropriate source? *Must include evidence based rating scales (such as the Connors or Adult Self Report Scale (ASRS V1.1) and symptoms must meet DSM criteria for diagnosis AND that ensure that other conditions have been ruled out.*
    a. Continue to question 2
    b. No- Deny Cat 5 – *Member does not have documentation of ADHD diagnosis through appropriate evaluation.*

2. Does the member have active diagnosis of substance abuse, illegal drug use, marijuana use or alcohol abuse?

    a. -Yes Deny Cat 5- *Stimulant medications have a high potential for abuse or diversion and are contraindicated in this population. Potential alternative therapies for the treatment of ADHD include bupropion (Wellbutrin) and atomoxetine (Strattera).*
    b. –No Continue to question 3

3. Is the member on medications and /or substances with side effect of sedation (such as opioids, benzodiazepines or marijuana)?

    a. Yes –Cat 3 denial. Stimulants are not indicated for the treatment of sedation, fatigue, or lack of focus due to use of other medications.
    b. No- Continue to question 4

4. Does the patient have uncontrolled hypertension (blood pressure of 150/90 mmHg or higher), heart failure, tachycardia or arrhythmia?

    a. - Yes -Deny- Cat 5 – *Common side effects of stimulant medications are elevated blood pressure and increased heart rate, CNS stimulant use has been associated with serious cardiovascular events. Moderate to severe hypertension, heart failure, arrhythmia and tachycardia are contraindications to therapy with stimulant medications.*

    b. - No- Continue to question 5

5. Does the patient have moderate to severe anxiety disorder, agitated state, aggressive behavior, mood instability, narrow angle or angle closure glaucoma, seizure disorder or hyperthyroidism?

    a. – Yes -Forward to Medical Director- *Stimulant use is associated with worsening of above conditions, relative risk and benefits of therapy should be evaluated*.

    b. – No- Continue to question 6

6. Is the patient currently taking a medication that is a contraindication to treatment with stimulants (MAOI's: Isocarboxazide, phenelzine, selegiline, tranylcypromine)?
   a. If Yes, Deny Cat 5. *Use of MAOI's and stimulant medications are contraindicated. There must be more than 14 days between discontinuation of MAOI therapy and initiation of a stimulant medication.*
   b. No- Continue to question 7

7. Is the request for a preferred formulary medication within quantity limits?

Preferred Formulary	**Non-Preferred Formulary**	**Non -formulary**	**Non formulary**
Methylphenidate IR- QL 3/day	Methylphenidate ER/CD/LA/SR	Dextroamphetamine(Dexedrine)	Qullivant
Amphetamine Salts IR- QL 3/day	Amphetamine Salts ER	Dexmethylphenidate (Focalin)	Daytrana
QL as above	QL of 1 dose per day	Lisdexamfetamine (Vyvanse)	Aptensio XR

   a. Preferred formulary – Continue to question 10
   b. Non-preferred formulary – Continue to question 8
   c. Non-formulary OR formulary exceeding QL – Continue to question 9

8. Is the member unable to use a multi-dose formulation of methylphenidate or amphetamine salts? (School, work or volunteer obligations)
   a. Yes- Continue to question 10
   b. No- Deny Cat 10 – *Services for convenience are excluded from coverage on OHP*

9. Has the patient tried and failed ALL preferred formulary options (failed to have improvement in core symptoms despite treatment at maximum recommended dose) with a trial of each medication? *Note * Lack of adherence to a medication regimen is not appropriate grounds for a treatment failure.*
   a. Yes – Continue to question 10
   b. No – Deny Cat 15 – *Member has not demonstrated adequate trial of or inability to tolerate formulary medications.*

10. Is the requested dose and indication within FDA approved indications and dosing for prescribed medication and age of member?
   a. Yes- May approve for up to one year
   b. No- Deny Cat 3 – *OHP does not cover medication use outside of FDA approved indications and dosing.*

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Maximum daily doses of formulary stimulants

Adderall IR – 60 mg daily adults and children 6 and over

40 mg children 3 to 5

Adderall XR –20 mg daily adults

30 mg in children 6 to 12

Methylphenidate IR- 60 mg adults and children 6 and older

Methylphenidate ER- (Concerta) - 72 mg per day in adults – 54 mg in children 6 to 12 years of age

Methylphenidate SR /LA /CD / XR- 60 mg daily in adults and children 6 and older