Stimulant Medication PA Criteria

PA Criteria for New Starts and Patients New to Plan:

I. Patients Age 18 and Older Not Currently Enrolled in School – New Starts and Patients New to Plan

1. Is the patient being treated for an OHP funded condition?
    a. If Yes, move to question #2.
    b. If No, Cat 1 denial.

2. Is the requested stimulant medication dose and indication supported by the FDA approved package insert for the medication?
    a. If Yes, move to question #3.
    b. If No, Cat 3 denial.
    Rational: Approval of medication requires FDA approved dosing of the medication.

3. Is the patient being treated for ADHD with or without hyperactivity?
    a. If Yes, move to question #4.
    b. If No, move to question #5.

4. Has the diagnosis of ADHD been confirmed? Confirmation requires documentation of symptoms in more than one setting against a reliable/recognized ADHD checklist (such as DSM-V, ASRS-v1.1, of CDC checklists), or diagnosis by a Mental Health Provider.
    a. If Yes, move on to question #5.
    b. If No, forward to Medical Director for medical appropriateness evaluation (Cat 5).

5. Does the patient have a history of substance abuse, illegal drug use, marijuana use, or alcohol abuse?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5).
    Rational: Schedule II medications have a high potential for abuse or diversion and are contraindicated in this population. Also, stimulant medications are not indicated for the treatment of sedation, fatigue, or lack of focus due to use of other drugs. Potential alternative therapies that are FDA approved for the treatment of ADHD include guanfacine (Intuniv), clonidine (Kapvay), and atomoxetine (Strattera).
    b. If No, move on the question #6.

6. Does the patient have uncontrolled hypertension (blood pressure of 140/90 mmHg or higher)?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5).
    Rational: Common side effects of stimulant medications are elevated blood pressure and increased heart rate. Moderate to severe hypertension and tachycardia are contraindications to therapy with stimulant medications. Potential alternative therapies that are FDA approved for the treatment of ADHD include guanfacine (Intuniv), clonidine (Kapvay), and atomoxetine (Strattera).
    b. If No, move to question #7.

7. Does the patient have moderate to severe anxiety disorder, agitated state, aggressive behavior, mood instability, narrow angle or angle closure glaucoma, or hyperthyroidism?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5).

Rational: Stimulant therapy is not recommended in members that meet these criteria. Potential alternative therapies that are FDA approved for the treatment of ADHD include guanfacine (Intuniv), clonidine (Kapvay), and atomoxetine (Strattera).

b. If No, move to question #8.

8. Is the patient currently taking a medication that is a contraindication to treatment with stimulants (MAOI's: Isocarboxazide, phenelzine, selegiline, tranylcypromine)?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5). *Rational: 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. If No, continue to question #9.

9. Is the request for a formulary medication within the quantity limit? Formulary options for adults 18 years and older: mixed amphetamine salts (Adderall) max daily dose of 60 mg or 3 tablets per day, and methylphenidate IR (Ritalin) max daily dose of 60 mg or 3 tablets daily.
    a. If Yes, **approve.**
    b. If No, move on to question #10.

10. Has the patient tried and failed preferred formulary options within the quantity limit? Lack of adherence to a medication regimen is not appropriate grounds for a treatment failure.
    a. If Yes, **approve.**
    b. If No, Cat 15 denial for non-formulary medications, Cat 5 for formulary options exceeding the quantity limits and for methylphenidate ER (Concerta).

II. Patients Age 6 to 17 and Patients Currently Enrolled in School – New Starts and Patients New to Plan

1. Is the patient being treated for an OHP funded condition?
    a. If Yes, move to question #2.
    b. If No, Cat 1 denial.

2. Is the requested stimulant medication dose and indication supported by the FDA approved package insert for the medication?
    a. If Yes, move to question #3.
    b. If No, Cat 3 denial.
    Rational: Approval of medication requires FDA approved dosing of the medication.

3. Does the patient have a history of substance abuse, illegal drug use, marijuana use, or alcohol abuse?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5). *Rational: Schedule II medications have a high potential for abuse or diversion and are contraindicated in this population. Also, stimulant medications are not indicated for the treatment of sedation, fatigue, or lack of focus due to use of other drugs. Potential alternative therapies that are FDA approved for the treatment of ADHD include guanfacine (Intuniv), clonidine (Kapvay), and atomoxetine (Strattera).*
    b. If No, move on the question #4.

4. Does the patient have uncontrolled hypertension (blood pressure of 140/90 mmHg or higher)?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5). *Rational: Common side effects of stimulant medications are elevated blood pressure and increased heart rate. Moderate to severe hypertension and tachycardia are contraindications to therapy with stimulant medications. Potential alternative therapies that are FDA approved for the treatment of ADHD include guanfacine (Intuniv), clonidine (Kapvay), and atomoxetine (Strattera).*
    b. If No, move 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, or hyperthyroidism?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5). *Rational: Stimulant therapy is not recommended in members that meet these criteria. Potential alternative therapies that are FDA approved for the treatment of ADHD include guanfacine (Intuniv), clonidine (Kapvay), and atomoxetine (Stratter)..*
    b. If No, move 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, forward to Medical Director for medical appropriateness evaluation (Cat 5). *Rational: Use of MAOI's and stimulant medications are contraindicated. There must be more than 14 days between discontinuation of MAOI therapy and initiation of stimulant medication.*
    b. If No, continue to question #7.

7. Is the request for a formulary medication within the quantity limit? Formulary options for patients currently enrolled in school and patients age 6 to 17: mixed amphetamine salts (Adderall) max daily dose of 60 mg or 3 tablets per day, methylphenidate IR (Ritalin) max daily dose of 60 mg or 3 tablets daily, and methylphenidate ER (Concerta) 1 tablet daily.
    a. If Yes, **approve.**
    b. If No, move on to question #8.

8. Has the patient tried and failed formulary options within the quantity limit? Lack of adherence to a medication regimen is not appropriate grounds for a treatment failure.
    a. If Yes, **approve.**
    b. If No, Cat 15 denial for non-formulary medications, Cat 5 for formulary options exceeding the quantity limit.

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

1. Is the patient being treated for an OHP funded condition?
    a. If Yes, move to question #2.
    b. If No, Cat 1 denial.

2. Is the prescribed stimulant medication dose and indication supported by the FDA approved package insert for the medication?
    a. If Yes, move to question #3.
    b. If No, Cat 3 denial.

Rational: Approval of medication requires FDA approved dosing of the medication.

3. Is the request from a psychiatrist, or is there documentation that "parent behavior training" has been attempted (at least 4 sessions with recommendation for medication)?
    a. If Yes, move to question #4.
    b. If No, forward to Medical Director for medical appropriateness evaluation (Cat 5).
    Rational: OHA guideline note 20: First line therapy is "parent behavior training" (i.e. Triple P (Positive Parenting of Preschoolers) Program, Incredible years Parenting Program, Parent-Child Interaction Therapy with New Forest Parenting Program). The term "parent" refers to the child's primary caregivers, regardless of biologic or adoptive relationship.

4. Does the member have moderate to severe anxiety disorder, agitated state, aggressive behavior, mood instability, hyperthyroidism or Tourette's?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5).
    b. If No, move to question #5.

5. Is the member currently taking a medication that is a contraindication to treatment with stimulants (MAOI's: Isocarboxazide, phenelzine, selegiline, tranylcypromine)?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5).
    Rational: Use of MAOI's and stimulant medications are contraindicated. There must be more than 14 days between discontinuation of MAOI therapy and initiation of stimulant medication.
    b. If No, continue to question #6.

6. Is the request for a formulary medication?
    a. If Yes, **approve**.
    b. If No, move to question #7.

7. Has the member tried and failed appropriate formulary medications?
    a. If Yes, **approve.**
    b. If No, Cat 15 denial.

PA Criteria for Continuation of Therapy Requests:

I. All Patients – Continuation of Therapy

1. Has patient turned 18 since previous approval of a stimulant medication?
    a. If Yes, treat as a **New Start** and use the New Start criteria.
    b. If No, move to question #2.

2. Is the patient being treated for an OHP funded condition?
    a. If Yes, move to question #3.
    b. If No, Cat 1 denial.

3. Is the prescribed stimulant medication dose and indication supported by the FDA approved package insert for the medication?
    a. If Yes, move to question #4.
    b. If No, Cat 3 denial.

Rational: Approval of medication requires FDA approved dosing of the medication.

4. Is there any indication of substance abuse, illegal drug use, marijuana use, or alcohol abuse since patient's prior approval of stimulant therapy?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5). *Rational: Schedule II medications have a high potential for abuse or diversion and are contraindicated in this population. Also, stimulant medications are not indicated for the treatment of sedation, fatigue, or lack of focus due to use of other drugs. Potential alternative therapies that are FDA approved for the treatment of ADHD include guanfacine (Intuniv), clonidine (Kapvay), and atomoxetine (Strattera).*
    b. If No, move on the question #5.

5. Does the patient have uncontrolled hypertension (blood pressure of 140/90 mmHg or higher)?
    a. If Yes, forward to Medical Director for medical appropriateness (Cat 5) evaluation. *Rational: Common side effects of stimulant medications are elevated blood pressure and increased heart rate. Moderate to severe hypertension and tachycardia are contraindications to therapy with stimulant medications. Potential alternative therapies that are FDA approved for the treatment of ADHD include guanfacine (Intuniv), clonidine (Kapvay), and atomoxetine (Strattera).*
    b. If No, move to question #6.

6. Does the patient have moderate to severe anxiety disorder, agitated state, aggressive behavior, mood instability, narrow angle or angle closure glaucoma, or hyperthyroidism?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5). *Rational: Stimulant therapy is not recommended in members that meet these criteria. Potential alternative therapies that are FDA approved for the treatment of ADHD include Intuniv, Kapvay, and Strattera.*
    b. If No, move to question #7.

7. Is the patient currently taking a medication that is a contraindication to treatment with stimulants (MAOI's: Isocarboxazide, phenelzine, selegiline, tranylcypromine)?
    a. If Yes, forward to Medical Director for medical appropriateness evaluation (Cat 5). *Rational: Use of MAOI's and stimulant medications are contraindicated. There must be more than 14 days between discontinuation of MAOI therapy and initiation of stimulant medication.*
    b. If No, continue to question #8.

8. Does the provider submitted documentation indicate that patient has had a follow up visit with their PCP or a mental health provider within the last year?
    a. If Yes, **approve.**
    b. If No, forward to Medical Director for medical appropriateness evaluation (Cat 5).

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted

Common Stimulant Medication Products

Generic Name	Brand Name	Dosage Form	Status
Amphetamine Sulfate	Evekeo	Tablets	Non-formulary
Dexmethylphenidate	Focalin	Tablets	Non-formulary
Dexmethylphenidate ER	Focalin XR	Capsules	Non-formulary
Dextroamphetamine	Dexedrine, Zenzedi	Tablets	Non-formulary
Dextroamphetamine ER	Dexedrine	Capsules	Non-formulary
Dextroamphetamine ER	Zenzedi	Tablets	Non-formulary
Lisdexamfetamine	Vyvanse	Capsules	Non-formulary
Methylphenidate	Ritalin, Methylin	Chewable Tabs	Non-formulary
Methylphenidate	Ritalin, Methylin	Tablets	QL 90 in 30 days. PA for ages < 6 and ages > 17
Methylphenidate CD	Metadate CD	Capsules (30-70)	Non-formulary
Methylphenidate ER	Metadate ER	Tablets	Non-formulary
Methylphenidate ER	Concerta	Tablets (24 H)	QL 30 in 30 days. PA for ages < 6 and ages > 17
Methylphenidate ER	Daytrana	Patches (24 H)	Non-formulary
Methylphenidate LA	Ritalin LA	Capsules (50-50)	Non-formulary
Methylphenidate SR	Ritalin SR	Tablets	Non-formulary
Mixed Amphetamine Salts*	Adderall	Tablets	QL 90 in 30 days. PA for ages < 6 and ages > 17
Mixed Amphetamine Salts*	Adderall XR	Capsules	Non-formulary

*Mixed amphetamine salts is also commonly known as amphetamine salt mix and dextroamphetamine/amphetamine.