

May 16, 2014

Dear Provider:

In an ongoing effort to provide appropriate, affordable, healthcare options to our members, Willamette Valley Community Health CCO will be instituting modifications to the ADHD stimulant class medications on our formulary.

Currently, WVCH spends \$3 million annually on ADHD stimulant medications, these costs are above average when compared to other Oregon CCOs across every age group. In January, an ADHD workgroup of several providers from our area along with local behavioral health providers, collaborated to generate formulary recommendations which were presented to the WVP Pharmacy & Therapeutics Committee at the quarterly meeting in February. These recommendations were based on utilization, pharmacokinetic information and cost data. The Committee approved several changes to be implemented in a staggered fashion, the first was on April 1, 2014 and the final step on July 1, 2014.

Effective July 1, 2014:

•**WVCH formulary ADHD stimulants will be limited for members over 6 years old and under 18 to the following medications.** Other medications must go through the Prior Authorization process for review against the enclosed criteria.

Methylphenidate IR (Ritalin)

Amphetamine/dextroamphetamine salts IR (Adderall)

Methylphenidate ER (Concerta)

•**Prior Authorization for stimulant medication will be required for ALL members who are under 6 years old or 18 and older.**

-For members over 18, preferred first line medications, if approvable against the attached criteria, will be:

Methylphenidate IR (Ritalin) with a limit of 3 units per day (total 60mg)

Amphetamine/dextroamphetamine salts IR (Adderall) with a limit of 3 units per day (total 40mg)

-Prior Authorization criteria for the under 6 population will align with the Oregon Health Authority (OHA) guidelines. This is the link to the OHA guidance for children under 6 years old, it reads as follows,

First line therapy is "parent-behavior training" (i.e. Triple P (Positive Parenting of Preschoolers) Program, Incredible Years Parenting Program, Parent-Child Interaction Therapy and New Forest Parenting Program). The term "parent" refers to the child's primary care givers, regardless of biologic or adoptive relationship. Second line therapy is pharmacotherapy.

<http://www.oregon.gov/oha/herc/PrioritizedList/4-1-2014%20Prioritized%20List%20of%20Health%20Services.pdf>

It is our goal to fully inform all members and providers affected by these changes well in advance of any implementation. A separate notification will be sent to members and pharmacies to inform them of the upcoming changes. If you determine that the currently prescribed medication regimen is the most appropriate therapy for your patient, you may request Prior Authorization.

We value your partnership as we continue to work toward our mutual goal of delivering the highest quality healthcare while ensuring affordability and accessibility. If you are interested in participating in the WVP P & T Committee please contact WVP Clinical Pharmacist, Dr. Kimberly Blood, kblood@mvipa.org for more information.

Sincerely,
Willamette Valley Community Health CCO