PA guidelines for ADHD stimulant medications

PA requirements for WVCH members age 18 and older*:
*For members currently enrolled in school (especially High School), refer to PA criteria for 6-18 year old age group.

1. Is the member being treated for a funded condition by the Oregon Health Plan?
   a. If Yes, move to question #2.
   b. If No, Category 1 denial.

2. Is the member being treated for ADHD with or without hyperactivity or narcolepsy?
   a. If diagnosis of ADHD, move to question #3.
   b. If diagnosis of narcolepsy, move to question #4.
   c. If No, Category 3 denial.

3. Has the diagnosis of ADHD been confirmed? Confirmation requires documentation of symptoms against a reliable/recognized ADHD checklist (example: DSM-V), or diagnosis by a Mental Health Provider.
   a. If Yes, move on to question #4.
   b. If No, forward to Medical Director for Medical Appropriateness (Category 5) evaluation.

4. Does the member have a history of substance abuse?
   a. If Yes, forward to Medical Director for Medical Appropriateness (Category 5) evaluation. 
      Rational: Schedule II medications have a high potential for abuse or diversion and are contraindicated in this population. Alternative therapies include use of a tricyclic antidepressant (desipramine or nortriptyline), or Strattera. Bupropion is also an option if members do not tolerate tricyclic antidepressant therapy.
   b. If No, move on to question #5.

5. Is the member using any other medications that have a potential for causing sedation or lack of focus (i.e. marijuana, alcohol, opioid narcotics, benzodiazepines)?
   a. If Yes, Category 3 denial.
      Rational: Stimulant medications are not indicated for the treatment of sedation, fatigue or lack of focus due to adverse effects of other medications.
   b. If No, move on to question #6.

6. Does the member have blood pressure that is currently well controlled (current blood pressure readings are required and must be less than 140/90)?
   a. If Yes, move on to question #7.
   b. If No, forward to Medical Director for Medical Appropriateness (Category 5) evaluation.
      Rational: Common side effects of stimulant medications are elevated blood pressure and increased heart rate. Moderate to severe hypertension are contraindications to therapy.

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with stimulant medications. Alternative therapies for consideration include clonidine and guanfacine.

7. Does the member have moderate to severe anxiety disorder, agitated state, narrow angle or angle closure glaucoma or hyperthyroidism?
   a. If Yes, forward to Medical Director for medical appropriateness (Category 5) evaluation.  
      Rational: Stimulant therapy is not recommended in members that meet this criteria.  
   b. If No, move to question #8

8. 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 (Category 5) evaluation.  
      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 #9

9. Is the medication a formulary medication within the quantity limit? Formulary options for adults 18 years and older: (mixed amphetamine salts (Adderall) max daily dose 40mg daily or 3 tablets per day, methylphenidate IR (Ritalin) 60mg or 3 tablets daily  
   a. If Yes, approve for 12 months.  
   b. If No, move on to question #10.

10. Has the member tried and failed formulary options?  
    a. If Yes, move on to question #11  
    b. If No, Category 15 denial.

11. Is the prescribed stimulant medication dose supported by the FDA approved package insert?  
    a. If Yes, Approve as amended for 90 day trial.  
    b. If No, Category 3 denial.  
      Rational: Approval of medication requires FDA approved dosing of the medication.

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<th>Guide to Denial Categories</th>
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PA criteria for non-formulary stimulant medication for children age 6-18

1. Is the member being treated for a funded condition by the Oregon Health Plan?
   a. If Yes, move to question #2.
   b. If No, Category 1 denial.

2. Is the member being treated for ADHD with or without hyperactivity?
   a. If diagnosis of ADHD, move to question #3.
   b. If No, Category 3 denial.

3. Does the member have a history of substance abuse?
   a. If Yes, forward to Medical Director for Medical appropriateness (Category 5) evaluation. Evaluate for a plan to prevent diversion of medication (i.e. Parent/3rd party administration of medication).
      Rational: Schedule II medications have a high potential for abuse or diversion and are contraindicated in this population. Alternative therapies include use of a tricyclic antidepressant (desipramine or nortripyline), or Strattera. Buproprion is also an option if members do not tolerate tricyclic antidepressant therapy.
   b. If No, move on to question #4.

4. Does the member have moderate to severe anxiety disorder, agitated state, narrow angle or angle closure glaucoma or hyperthyroidism?
   a. If Yes, forward to Medical Director for medical appropriateness (Category 5) evaluation.
      Rational: Stimulant therapy is not recommended in members that meet this criterion.
   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 (Category 5) evaluation.
      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. Has the member tried and failed formulary options? Formulary options for population age 6-18 is methylphenidate IR (Ritalin), mixed amphetamine salts (Adderall) and methylphenidate ER (Concerta).
   a. If Yes, move on to question #7
   b. If No, Category 15 denial. Member must try and fail or have contraindication to formulary stimulant medications.

7. Is the prescribed stimulant medication dose supported by the FDA approved package insert?
   a. If Yes, Approve as amended for 90 day trial.

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b. If No, Category 3 denial.

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

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