AETNA BETTER HEALTH® OF LOUISIANA
Pharmacy Prior Authorization Clinical Guideline for Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder agents

ADD/ADHD AGENTS
- amphetamine/dextroamphetamine (Adderall/Adderall XR)
- dextroamphetamine, methylin/methylphenidate/methylphenidate ER (Ritalin, Ritalin-SR, Concerta, Metadate/Metadate CD)
- dexamphetamine (Focalin, Focalin XR)
- Vyvanse (lisdexamfetamine)
- methamphetamine (Desoxyn)

Authorization guidelines
For Patients who meet all of the following:

A. A Preferred of formulary agent is prescribed AND
B. Stimulant is prescribed within FDA approved daily dosing guidelines AND
   Member meets the criteria below specific to their age range.
C. Members age 5 yr-18 yr:
   a. A preferred/formulary stimulant is prescribed within the FDA approved dosing limit AND
   b. The stimulant is not a duplication of therapy, i.e. member is receiving another drug within the same therapeutic class.
D. Children age 4 and under:
   a. Has a diagnosis of: Attention Deficit Hyperactivity Disorder (ADHD), OR Attention Deficit Disorder (ADD) AND
   b. Has chart documented evidence of a comprehensive evaluation by an appropriate specialist (or in consultation with) such as a Pediatric Neurologist, OR Child and Adolescent Psychiatrist. OR Child Development Pediatrician AND
   c. The medication is being prescribed by or in conjunction with a specialist listed above AND
   d. The stimulant is not a therapeutic duplication (see item A.B. above).
E. Adults age 19 yr or older:
   a. Member has confirmed diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) as documented by a history consistent with the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria as an adult. OR Narcolepsy (requires confirmation with multiple sleep latency tests and clinical documentation of a history consistent with narcolepsy.
      i. Members with a history of co-morbid substance dependency (prescription or illicit) must also meet the following:
         1. Enrolled and actively participating in a substance abuse treatment program
         2. Documentation of compliance with said treatment/recovery plan, including participation in urine drugs screens that are negative for substances in question.
ii. Members with other behavioral/physical diagnosis that can mimic or complicate the accurate diagnosis of ADD/ADHD in an adult:
   1. Documentation that the diagnosis of ADD/ADHD has been made only after other confounding conditions have been adequately, if not optimally addressed prior to treating ADD/ADHD symptoms with stimulant medication.
   2. Member is not responsive to/or cannot be coached in behavioral modification techniques alone and additions support with stimulant medications are required.

b. The stimulant is not a therapeutic duplication (see item A.B. above).

Authorization and Limitations

Initial Approval: 6 months

Extended Approval: 12 months for all indications upon documentation of clinical response to treatment, except members with co-morbid substance dependency diagnosis. Reauthorization will be granted in 6-month intervals in this case, provided documentation of continued participation in their dependency treatment plan is presented.

Additional Information

Non-Preferred Stimulant Medications are covered when a member meets the criteria noted above for coverage of preferred stimulant AND there is documentation the preferred agents have been tried and did not produce desired clinical outcome, the member experience adverse reactions to these medications or the member has a contraindication to the preferred agents that does not also exist for the requested non-preferred drug.

Stimulants are NOT covered for members with the following criteria:
   A. Use not approved by the FDA; and
   B. The use is unapproved and not supported by the literature or evidence as an accepted off-label use. (see Off-Label Use Policy for determining ‘accepted use’)

References