AETNA BETTER HEALTH®
Prior Authorization guideline for Non-Stimulant ADD/ADHD Medications

Guanfacine ER
Clonidine ER 0.1mg
Kapvay 0.2mg
Strattera

Authorization guidelines

Criteria for all agents for use in patients age 6 through 17 with a diagnosis of ADHD/ADD:
• Prescribed within FDA approved daily dosing guidelines either as monotherapy or as augmentation to stimulants in the treatment of ADHD.
• The diagnosis of ADHD/ADD is documented in the medical record and is based on a comprehensive evaluation by an appropriate specialist or primary care provider. The evaluation must include use of an evidence based rating scale such as the Connors, Behavior Assessment System for Children (BASC), or the Child Behavior Checklist/Teacher Report Form.
• There is documentation that other conditions (such as depression, anxiety, conduct disorders, or substance use) have been ruled out.
• There is documentation confirming that the member is actively participating in an evidence-based behavioral therapy (child, teacher, and/or caregiver).
• There is a lack of satisfactory improvement in core symptoms of ADHD on the maximum dose of at least 2 formulary stimulants OR known history of intolerable adverse effects from stimulants OR patient is a poor candidate for stimulants (i.e., tic disorder, substance use disorder, MI, hypertension, hyperthyroidism).
  • NOTE: 80% of school-aged children respond to a stimulant and 50% who do not respond to the initial stimulant will respond to a different stimulant.
• Patient is not currently taking mirtazapine (for guanfacine ER and clonidine ER only)
• For Strattera if being requested in member also using a stimulant, case by case review by Medical Director for possible coverage under off-label use provisions.

Criteria for Strattera for use in patients age 18 and older with a diagnosis of ADHD/ADD:
• Strattera is prescribed within FDA approved daily dosing guidelines
• The diagnosis of ADHD/ADD is documented in the medical record and is based on a comprehensive evaluation by an appropriate specialist and includes evidence based rating scales such as the Connors or Adult Self-Report Scale-V1.1 (ASRS-V1.1). The symptoms meet the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria.
• There is documentation that other conditions (such as depression, anxiety, or substance use) have been ruled out.
• There is a lack of satisfactory improvement in core symptoms of ADHD on the maximum
dose of at least 2 formulary stimulants OR a known history of intolerable adverse effects OR
patient is a poor candidate for stimulants (i.e., tic disorder, substance use disorder, MI,
hypertension, hyperthyroidism).
• Patient is not currently taking a CNS stimulant
• NOTE: Guanfacine ER and clonidine ER have not been studied in adults and are not
approved for treatment of adult ADHD. Guanfacine IR and clonidine IR are available without
PA.

Children age 5 and under:
Guanfacine ER, clonidine ER, and Strattera are not FDA approved for use in children ages 5 and
under. The safety and efficacy in this age group has not been established and is not supported
by the currently published peer-reviewed medical literature. For preschool-aged children (4–5
years of age), the American Academy of Pediatrics recommends that the primary care or
treating clinician prescribe evidence-based parent and/or teacher-administered behavior
therapy as the first line treatment.

Additional Information:
These medications are NOT covered for members with the following criteria:
• Use not approved by the FDA; AND
• The use is unapproved and not supported by the literature or evidence as an accepted
off-label use.

Approval Duration: 1 year

Medically Necessary — A service or benefit is Medically Necessary if it is compensable under
the MA Program and if it meets any one of the following standards:

• The service or benefit will, or is reasonably expected to, prevent the onset of an
illness, condition or disability.

• The service or benefit will, or is reasonably expected to, reduce or ameliorate
the physical, mental or developmental effects of an illness, condition, injury or
disability.

• The service or benefit will assist the Member to achieve or maintain maximum
functional capacity in performing daily activities, taking into account both the
functional capacity of the Member and those functional capacities that are
appropriate for Members of the same age.

Determination of Medical Necessity for covered care and services, whether made on a Prior
Authorization, Concurrent Review, Retrospective Review, or exception basis, must be
documented in writing.

The determination is based on medical information provided by the Member, the Member’s
family/caretaker and the Primary Care Practitioner, as well as any other Providers, programs,
agencies that have evaluated the Member.
All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.

References: