AETNA BETTER HEALTH®
Pharmacy Prior Authorization Clinical Guideline for Attention Deficit Disorder/Attention Deficit Hyperactivity CNS Stimulants

ADD/ADHD AGENTS

- amphetamine/dextroamphetamine (Adderall/Adderall XR)
- dextroamphetamine (Dexadrine, Dexadrine XR)
- methylphenidate IR, ER, SR, XR (Methylin, Ritalin, Ritalin-SR, Concerta, Metadate CD, Daytrana, Quillivant XR, Aptensio XR)
- dextmethylphenidate (Focalin, Focalin XR)
- Vyvanse (lisdexamfetamine)
- methamphetamine (Desoxyn)

*Medications in bold are formulary

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
   The patient is receiving only one stimulant medication, except when using long-acting and short-acting formulations of the same drug. AND
C. Member meets the criteria below specific to their age range.

Children age 5 and under:
Many stimulant medications 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. Request for coverage for stimulants in children age 5 and under is generally not considered to be medically necessary. Requests will be reviewed on a case-by-case basis by the plan Medical Director using the following considerations.

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. There is documentation of failure of evidence-based parent and/or teacher-administered behavior therapy to adequately address symptoms and that this therapy will continue concurrent to medication therapy.

Members age 6yr-17yr:

   e. **In addition to items A and B; for treatment initiation in ADHD/ADD:**
      
      i. 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 an evidence based rating scale such as the Connors.

      ii. There is documentation that other conditions (such as depression, anxiety, or substance use) have been ruled out (including a urine drug screen for patients with a history of substance use disorder).

      iii. There is documentation confirming that the member is actively participating in an evidence-based behavioral therapy (child, teacher, and/or caregiver).

Adults age 18yr or older:

   f. 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

   g. There is documentation that other conditions (such as depression, anxiety, or substance use) have been ruled out (including a urine drug screen for patients with a history of substance use disorder).

Additional Authorization Guidelines (for non-preferred agents):

   A. Patient meets criteria noted above for preferred agents based on age.

   B. Documented adverse reaction(s) or contraindication(s) to all preferred agents that does not also exist for the requested non-preferred drug; **OR**

   C. Documented trial and failure to respond to at least one formulation of each stimulant type (amphetamine/dextroamphetamine, dextroamphetamine, AND methylphenidate).

      a. Requests for a non-preferred, EXTENDED RELEASE product require failure of extended release formulations of the preferred agents.

      b. Requests for a non-preferred, IMMEDIATE RELEASE product require failure of the immediate release formulations of the preferred agents.

Authorization and Limitations

**Initial Approval** (based on age at time of approval):
For 6-17 years of age approve up to age 21
For age 18 and older approve indefinitely

**Extended Approval:**
- Patients who received authorization for use of a stimulant in childhood/adolescence will require a new PA after age 21:
o Documentation confirming diagnosis of ADHD using appropriate diagnostic criteria for adults.

o Documentation of evidence that patient requires treatment with stimulants in adulthood.

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


