

Short Acting Stimulant Drug Use Criteria for Adult Advanced Health Members ≥ 23 Years of Age

Created: 10/2015

Revised: 8/2018, 6/2019, 12/2021

Includes:

Adderall®	<i>amphetamine/dextroamphetamine</i>
Focalin®	<i>dexmethylphenidate</i>
Dexedrine®	<i>dextroamphetamine</i>
Ritalin®	<i>methylphenidate</i>

GUIDELINE FOR USE:

Initial Request:

1. Is the patient being treated for a funded condition by Oregon Health Plan?
 - a. If yes, go to 2
 - b. If no, deny as Below the Line. The condition being treated is below the funded line for Oregon Health Plan and is therefore not a covered benefit.
2. Is the patient being treated for attention deficit disorder with or without hyperactivity or narcolepsy?
 - a. If ADHD, go to 3
 - b. If narcolepsy, go to 5
 - c. If no, deny as Criteria Not Met. Stimulant therapy will be provided as a covered benefit for FDA approved indications supported by the medication package insert. Off label use of medication is not a covered benefit on Oregon Health Plan.
3. Has the patient been evaluated and diagnosed with ADHD with or without hyperactivity and have co-morbid conditions that may contribute to ADHD symptoms been addressed (eg depression, anxiety, etc). Please provide documentation of assessment such as Adult ADHD Self-Report Scale (ASRS v1.1), Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder 7-item (GAD-7), clinical and historical interview. Demonstrated impairments should be present across multiple environmental domains (school, work, home, etc) and they should have been present since childhood/adolescence.
 - a. If yes, go to 4
 - b. If no, deny as Criteria Not Met. An evaluation and diagnosis of ADHD is required for coverage of stimulant therapy, including co-morbid conditions that may contribute to ADHD symptoms be addressed. Please submit documentation such as ASRS, PHQ-9, GAD-7, clinical and historical interview.

Approved by Managed Care Committee 4/27/12

Approved by WOAHP Pharmacy and Therapeutics Committee 10/26/15

Approved by Advanced Health Pharmacy and Therapeutics Committee 8/27/18, 6/17/19, 1/7/21, 2/9/22

4. Does the patient have a continued need for focus including school, work, or volunteer activities?
 - a. If yes, go to 5
 - b. If no, deny as Criteria Not Met. Patients should have a documented need for focus for coverage of stimulant therapy.

5. Does the patient have a history of substance abuse?
 - a. If yes, deny as Criteria Not Met. Schedule II stimulant medications have a high potential for abuse, misuse, and diversion. Use of stimulants are contraindicated in patients with a history of drug abuse. Consider therapy with a tricyclic antidepressant (desipramine or nortriptyline) or atomoxetine (Strattera). Bupropion is also an alternative if patients do not tolerate TCA therapy.
 - b. If no, go to 6

6. Is the patient using any other medications that have a potential for causing sedation or lack of focus? (*e.g. opioid pain medications, marijuana, alcohol, benzodiazepines, etc*). *Urine drug screen should be provided that is negative for illicit substances.*
 - a. If yes, deny as Criteria Not Met. Stimulant therapy is not indicated for treatment of sedation, fatigue, or lack of focus due to side effects of concomitant therapies.
 - b. If no, go to 7

7. Does the patient have blood pressure that is currently well controlled? (*Chart notes documenting blood pressure will be required, and readings greater than 140/90 will not be approved for stimulant therapy*)
 - a. If yes, go to 8
 - b. If no, deny as Criteria Not Met. Elevated blood pressure and heart rate are common side effects of stimulant therapy. Moderate to severe hypertension are contraindications to stimulant therapy. Consider therapy with clonidine for patients with ADHD and hypertension.

8. Does the patient have preexisting structural cardiac abnormalities or other serious cardiac problems?
 - a. If yes, deny as Criteria Not Met. Use of stimulant therapy has been associated with serious cardiovascular events including sudden death in patients with preexisting structural cardiac abnormalities or other serious heart problems. Stimulants should be avoided in patients with known serious structural cardiac abnormalities, cardiomyopathy, serious heart rhythm abnormalities, or other serious cardiac problems that can increase the risk of sudden death.
 - b. If no, go to 9

9. Does the patient have obstructive sleep apnea (OSA)?
 - a. If no, go to 10

Renewal Request:

1. Does the above criteria continue to be met and do chart notes support positive response to therapy?
 - a. If yes, approve for requested duration of therapy up to 12 months.
 - b. If no, deny as not meeting criteria.

Rationale:

Stimulants used for the treatment of narcolepsy and attention deficit disorder with or without hyperactivity have a high propensity for abuse and diversion. Drug shortages of several stimulant medications have resulted in price increases for this class of drugs. Therefore, drug use criteria for stimulant therapy in adults is necessary to ensure appropriate patient selection, safety, and cost-effective management of ADHD and narcolepsy. Stimulant medications will not be approved for conditions not funded for coverage by Oregon Health Plan. Long acting stimulants will not be approved for members 23 years of age or older as they do not meet the least costly alternative rule for Oregon Health Plan. Short acting stimulants will be a plan benefit if the above drug use criteria are met.

FDA Approved Indication and Dosing:

Drug	FDA Approved Indication	Maximum Daily Dose Adult/Pediatric	Duration of Action
amphetamine/dextroamphetamine (mixed amphetamine salts)	ADHD, narcolepsy	ADHD (≥6yo) 40mg/day Narcolepsy 60mg/day	5 to 8 hours (duration increases with increased dose)
Dexmethylphenidate	ADHD	20mg/day	4 to 5 hours
Dextroamphetamine	ADHD, narcolepsy	40mg/day	4 to 6 hours
Methylphenidate	ADHD, narcolepsy	60mg/day Peds: NTE 2mg/kg/day	3 to 5 hours

Accepted Symptom Checklists and Questionnaire Links:

- Adult ADHD Self-Report Scale (ASRS v1.1):
[http://www.mentalhealthprofessionalsinc.com/Forms/Adult_ADHD_Self-Report_Scale_\(ASRS-v1.1\).pdf](http://www.mentalhealthprofessionalsinc.com/Forms/Adult_ADHD_Self-Report_Scale_(ASRS-v1.1).pdf)
- Patient Health Questionnaire (PHQ-9):
<http://www.agencymeddirectors.wa.gov/Files/AssessmentTools/13-PHQ-9%20form.pdf>
- Generalized Anxiety Disorder 7-item (GAD-7):
<https://med.dartmouth-hitchcock.org/documents/GAD-7-anxiety-screen.pdf>

References:

1. Brent MD, David, Bukstein MD, Oscar, Solanto PhD, Mary. Treatment of attention deficit hyperactivity disorder in adults. UpToDate. Literature review current through Nov 2021. Accessed December 20, 2021.

Approved by Managed Care Committee 4/27/12

Approved by WOAHP Pharmacy and Therapeutics Committee 10/26/15

Approved by Advanced Health Pharmacy and Therapeutics Committee 8/27/18, 6/17/19, 1/7/21, 2/9/22

2. Bukstein MD, Oscar. Attention deficit hyperactivity disorder in adults: Epidemiology, pathogenesis, clinical features, course, assessment, and diagnosis. UpToDate. Literature review current through Nov 2021. Accessed December 20, 2021.
3. Bukstein MD, Oscar. Pharmacotherapies for attention deficit hyperactivity disorder in adults. UpToDate. Literature review current through Nov 2021. Accessed December 20, 2021.
4. Clinical Resource, Comparison of ADHD Medications. Pharmacist's Letter/Prescriber's Letter. September 2021. Accessed December 20, 2021.
5. Ritalin Prescribing Information. Novartis Pharmaceuticals Corporation. Revised 6/2021.
6. Micromedix Healthcare Series Database 2.0. DrugDex Evaluation: Methylphenidate.
7. Micromedix Healthcare Series Database 2.0 DrugDex Evaluation: Dextroamphetamine.
8. Micromedix Healthcare Series Database 2.0 DrugDex Evaluation: Dexmethylphenidate.
9. Micromedix Healthcare Series Database 2.0 DrugDex Evaluation: Dextroamphetamine/Amphetamine.
10. Adderall Prescribing Information. Shire Pharmaceuticals. Reference ID: 4036383. Revised date January 2017. Accessed December 20, 2021.
11. Dexedrine Prescribing Information. GlaxoSmithKline. Revised date February 2018. Accessed December 20, 2021.
12. Kline MD, Lewi. Clinical presentation and diagnosis of obstructive sleep apnea in adults. UpToDate. Literature review current Nov 2021. Accessed December 20, 2021.
13. Kryger MD FRCPS, Meir H, Malhotra MD, Atul. Management of obstructive sleep apnea in adults. UpToDate. Literature review current through Nov 2021. Accessed December 20, 2021.
14. OAR 410-141-3855(15)
15. 42 USC 1396w-3a

Approved by Managed Care Committee 4/27/12

Approved by WOAHP Pharmacy and Therapeutics Committee 10/26/15

Approved by Advanced Health Pharmacy and Therapeutics Committee 8/27/18, 6/17/19, 1/7/21, 2/9/22