# Attention Deficit Hyperactivity Disorder (ADHD) Safety Edit

## Goals:

- Cover medications used for ADHD and narcolepsy if diagnosis is funded by the OHP, and medication use is consistent with best practices.
- Promote care by a psychiatrist for patients requiring therapy outside of best practices.
- Promote preferred drugs in class.

## Length of Authorization:

- Up to 12 months

## Requires PA:

- Non-preferred drugs on the enforceable preferred drug list.
- Regimens prescribed outside of standard doses and age range (Tables 1 and 2)
- Non-standard polypharmacy (Table 3)

## Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

**Table 1. Age Range and Maximum Daily Doses for Drugs Approved for ADHD.**

| Drug | Brand Name (or generic equivalents) | Min Age | Max Age | Max Daily Dose |
|---|---|---|---|---|
| **STIMULANTS** | | | | |
| Amphetamine IR | Evekeo (tab) | 3 | NA | 40 mg |
| | Evekeo ODT (dist tab) | 3 | NA | 40 mg |
| Amphetamine ER | Adsensys ER (susp) and XR-ODT (tab) | 6 | 12 | 18.8 |
| | | 13 | NA | 12.5 mg |
| | Dyanavel XR (susp, tab) | 6 | NA | 20 mg |
| Dextroamphetamine IR | ProCentra (sol) | 3 | 16 | 40 mg |
| | Zenzedi (tab) | 3 | 16 | 40 mg |
| Dextroamphetamine ER | Dexedrine Spansule (cap) | 6 | 16 | 40 mg |
| | Xelstrym (transdermal patch) | 6 | NA | 18 mg/9 hr |
| Dextroamphetamine/ amphetamine salts IR | Adderall (tab) | 3 | NA | 40 mg |
| Dextroamphetamine/ amphetamine salts ER | Adderall XR (cap) | 6 | 12 | 30 mg |
| | | 13 | NA | 60 mg |
| | Mydayis (cap) | 13 | 17 | 25 mg |
| | | 18 | 55 | 50 mg |
| Dexmethylphenidate IR | Focalin (tab) | 6 | 17 | 20 mg |
| Dexmethylphenidate ER | Focalin XR (cap) | 6 | 17 | 30 mg |
| | | 18 | NA | 40 mg |
| Lisdexamfetamine | Vyvanse (cap; chew tab) | 6 | NA | 70 mg |
| Methamphetamine IR | Desoxyn (tab) | 6 | 17 | 25 mg |
| Methylphenidate IR | Methylin (sol) | 6 | NA | 60 mg |
| | Ritalin (tab) | 6 | NA | 60 mg |
| Methylphenidate ER | Adhansia XR (cap) | 6 | 17 | 85 mg |
| | | 18 | NA | 100 mg |

| | | | | |
|---|---|---|---|---|
| | Aptensio XR (cap) | 6 | NA | 60 mg |
| | Concerta (tab) | 6 | 12 | 54 mg |
| | | 13 | 65 | 72 mg |
| | Cotempla XR-ODT (tab) | 6 | 17 | 51.8 mg |
| | Daytrana (transdermal patch) | 6 | 17 | 30 mg/9 hr |
| | Jornay PM (cap) | 6 | NA | 100 mg |
| | Metadate CD (tab) | 6 | NA | 60 mg |
| | QuilliChew ER (chew tab) | 6 | NA | 60 mg |
| | Quillivant XR (susp) | 6 | NA | 60 mg |
| | Relexxi (tab) | 6 | 12 | 54 mg |
| | | 13 | 65 | 72 mg |
| | Ritalin LA (cap) | 6 | NA | 60 mg |
| Serdexmethylphenidate/ dexmethylphenidate | Azstarys (cap) | 6 | NA | 52.3 mg/ 10.4 mg |
| **NON-STIMULANTS** | | | | |
| Atomoxetine | Strattera (cap) | 6 | 17 | ≤70 kg: lesser of 1.4 mg/kg or 100 mg<br>>70 kg: 100 mg |
| | | 18 | NA | 100 mg |
| Clonidine ER | Kapvay (tab) | 6 | 17 | 0.4 mg |
| Guanfacine ER | Intuniv (tab) | 6 | 12 | 4 mg |
| | | 13 | 17 | 7 mg |
| Viloxazine ER | Qelbree (cap) | 6 | 17 | 400 mg |
| | | 18 | NA | 600 mg |
| **Abbreviations:** cap = capsule; chew = chewable; dist = disintegrating; ER = extended-release formulation; IR = immediate-release formulation; NA = not applicable; sol = solution; susp = suspension; tab = tablet. | | | | |

## Table 2. Age Range and Maximum Daily Doses for Drugs Approved for Narcolepsy.

| Drug | Brand Name (or generic equivalents) | Min Age | Max Age | Max Daily Dose |
|---|---|---|---|---|
| **STIMULANTS** | | | | |
| Amphetamine IR | Evekeo (tab) | 6 | 12 | 40 mg |
| | | 13 | NA | 60 mg |
| Dextroamphetamine IR | ProCentra (sol) | 3 | 17 | 40 mg |
| | | 18 | NA | 60 mg |
| | Zenzedi (tab) | 3 | 17 | 40 mg |
| | | 18 | NA | 60 mg |
| Dextroamphetamine ER | Dexedrine (cap) | 6 | 17 | 40 mg |
| | | 18 | NA | 60 mg |
| Dextroamphetamine/amphetamine salts IR | Adderall (tab) | 6 | 17 | 40 mg |
| | | 18 | NA | 60 mg |
| Methylphenidate IR | Methylin (sol) | 6 | NA | 60 mg |
| | Ritalin (tab) | 6 | NA | 60 mg |
| Methylphenidate ER | Ritalin LA (cap) | 6 | 12 | 60 mg |
| **Abbreviations:** cap = capsule; ER = extended-release formulation; IR = immediate-release formulation; NA = not applicable; sol = solution; tab = tablet. | | | | |

## Table 3. Standard Combination Therapy for ADHD

| Age Group | Standard Combination Therapy |
|---|---|
| **Age <6 years** | **Combination therapy not recommended*** |
| **Age 6-17 years** | **1 Stimulant Formulation (ER or IR) + Guanfacine ER*<br>1 Stimulant Formulation (ER or IR) + Clonidine ER*** |
| **Age ≥18 years** | **Combination therapy not recommended**** |

Abbreviations: ER = extended-release; IR = immediate-release formulation.

* Recommended by the American Academy of Pediatrics. Wolraich ML, Hagan JF, Jr., Allan C, et al. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Pediatrics. 2019;144(4).
**Identified by: Pharmacologic Treatments for Attention Deficit Hyperactivity Disorder: Drug Effectiveness Review Project, 2015.

| **Approval Criteria** | | |
|---|---|---|
| 1. What diagnosis is being treated? | Record ICD10 code. | |
| 2. Is the drug being used to treat an OHP-funded condition? | **Yes:** Go to #3 | **No:** Current Age ≥ 21 years: Pass to RPh. Deny; not funded by the OHP<br><br>Current age < 21 years: go to #13. |
| 3. Is the requested for a preferred drug? | **Yes:** Go to #5 | **No:** Go to #4 |
| 4. Will the prescriber consider a change to a preferred agent?<br><br>Preferred drugs reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee. | **Yes:** Inform prescriber of preferred alternatives | **No:** Go to #5 |
| 5. Is the request for an ADHD diagnosis? | **Yes:** Go to #6 | **No:** Go to #9 |
| 6. Are the patient's age and the prescribed dose within the limits defined in Table 1? | **Yes:** Go to #7 | **No:** Go to #11 |
| 7. Is the prescribed drug the only stimulant or non-stimulant filled in the last 30 days? | **Yes:** Approve for up to 12 months | **No:** Go to #8 |
| 8. Is the multi-drug regimen a standard combination therapy, as defined in Table 3? | **Yes:** Approve for up to 12 months | **No:** Go to #11 |
| 9. Is the request for a narcolepsy diagnosis? | **Yes:** Go to #10 | **No:** Pass to RPh. Deny; medical appropriateness. |
| 10. Are the patient's age and the prescribed dose within the limits defined in Table 2? | **Yes:** Approve for up to 12 months | **No:** Go to #11 |
| 11. Was the drug regimen developed by or in consultation with a relevant specialist (e.g., psychiatrist, developmental pediatrician, psychiatric nurse practitioner, sleep specialist, pulmonologist, or neurologist)? | **Yes:** Document name and contact information of consulting provider and approve for up to 12 months | **No:** Go to #12 |

| Approval Criteria | | |
|---|---|---|
| 12. Was the current drug regimen *initiated* at doses and ages recommended in Tables 1-3 and has the provider assessed ongoing need for treatment in the past year? | **Yes:** Approve for up to 12 months | **No:** Pass to RPh. Deny; medical appropriateness.<br><br>Ages or doses exceeding defined limits, or non-recommended multi-drug regimens, are only approved when prescribed by or in consultation with a mental health specialist. Specialist consultation is not required if patients age into a maximum age limit.<br><br>May approve continuation of existing therapy once up to 90 days to allow time to consult with a mental health specialist. |
| 13. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)? | **Yes:** Go to #14 | **No:** Pass to RPh. Deny; medical necessity. |
| 14. Is the request for an FDA-approved indication? | **Yes:** Go to #15 | **No:** Pass to RPh. Deny; medical appropriateness. |
| 15. Is the request for a preferred product OR has the patient failed to have benefit with, or have contraindications or intolerance to, at least 2 preferred products?<br><br>Message: Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee. | **Yes:** Approve for 12 months. | **No:** Pass to RPh. Deny; medical appropriateness.<br><br>Inform prescriber of covered alternatives in class and process appropriate PA. |

*P&T Review:* *10/22 (DE);6/22; 8/20; 5/19; 9/18; 5/16; 3/16; 5/14; 9/09; 12/08; 2/06; 11/05; 9/05; 5/05; 2/01; 9/00; 5/00*
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