

Pharmacy Policy Bulletin

Category:	Managed Rx Coverage
Number:	J-22
Subject:	Non-Stimulant Treatment of ADHD/ADD
Effective Date Begin:	September 1, 2010
Effective Date End:	
Original Date:	June 4, 2003
Review Date(s):	March 3, 2010 September 2, 2009 September 3, 2008 September 5, 2007 September 6, 2006 May 18, 2005 May 19, 2004

NOTE: *This version of the policy is effective 9/1/2010, the previous version is effective up to 8/31/20. Please click version 007 of J-22 below for more details.*

Policy Applies to: *Commercial and Medicare plans*

Agents Addressed in this Policy: **Strattera and Intuniv**

Background:

Atomoxetine (Strattera) is an oral agent used for the treatment of attention deficit hyperactivity disorder (ADHD) in children, adolescents, and adults.

Guanfacine (Intuniv) is a selective alpha 2 adrenergic receptor agonist that received FDA approval for the treatment of ADHD. The efficacy of this product is based on the results of clinical trials conducted in children and adolescents over a duration of eight to nine weeks. Maintenance treatment has not been systematically evaluated and patients who are continued on chronic therapy required periodic reassessment.

Treatment of ADHD requires a comprehensive treatment program that may include pharmacological, psychological, educational and social measures. Pharmacological agents commonly used for the treatment of ADHD include stimulants (e.g. methylphenidate, dextroamphetamines, and pemoline), antidepressants (imipramine and desipramine) and bupropion. Stimulants are considered first-line agents for the treatment of ADHD in school-aged children and adolescents. Treatment of adult ADHD typically is initiated with stimulants. Other agents include antidepressants.

Approval Criteria: When a benefit, coverage for Strattera or Intuniv will be approved when all of the following are met:

1. There is documentation that the member tried and failed at least one product (methylphenidate or amphetamine-containing products only) within the last 265 days of requesting Strattera

products only) within the last 365 days of requesting Strattera.

2. Members who are currently using Strattera or Intuniv based on documentation of previous Highmark claims.

Members who meet the criteria above will receive automatic authorization at the level of the pharmacy without documentation of additional information. Claims will adjudicate automatically. For members who do not meet this criteria, the dispensing pharmacist will be prompted that prior authorization is required.

Prior authorization criteria includes the following:

1. The member has a diagnosis of ADHD, **AND**
2. The member has tried and failed at least one stimulant which must be a methylphenidate or an amphetamine-type product, **OR**
3. The member has a personal history of substance abuse, **OR**
4. The member has a documented condition that contraindicates the use of stimulants (seizure disorders, significant anxiety, oppositional defiant disorder, Tourette's syndrome or other motor tics), **OR**
5. The member has tried one stimulant with a significant or severe adverse effect that is likely to occur with the use of another stimulant (significant weight loss in children, increased anxiety, or severe agitation with violent behavior) **OR**
6. The provider documents a significant and legitimate concern about the potential for illegal drug diversion

Duration of Authorization:

If approved, a lifetime authorization may be granted.

View Previous Versions

[\[Version 007 of J-22\]](#)

[\[Version 006 of J-22\]](#)

[\[Version 005 of J-22\]](#)

[\[Version 004 of J-22\]](#)

[\[Version 003 of J-22\]](#)

[\[Version 002 of J-22\]](#)

[\[Version 001 of J-22\]](#)

Pharmacy policies do not constitute medical advice, nor are they intended to govern physicians' prescribing or the practice of medicine. They are intended to reflect Highmark's coverage and reimbursement guidelines. Coverage may vary for individual members, based on the terms of the benefit contract.

Highmark retains the right to review and update its pharmacy policy at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the pharmacy policies is prohibited; however, limited copying of pharmacy policies is permitted for individual use.