Texas Medicaid

Attention-Deficit/Hyperactivity Disorder (ADHD) Medication Management

Educational RetroDUR Mailing	☑Initial Study ❑Follow – up /Restudy

Executive Summary

Purpose:	To promote the safe and cost-effective prescribing of medications for treatment of Attention-Deficit/Hyperactivity Disorder (ADHD)
Why Issue was Selected:	ADHD is the most common childhood developmental disorder. In community samples it has a reported prevalence rate of 8 to 10% in school age children.[1] It is a disorder that can affect all aspects of a child's life. Of equal importance, up to 60% of children with ADHD will continue to show symptoms as adults.[2] Stimulant medications have been the mainstay of pharmacological treatment of ADHD for many years.[1]

ADHD Performance indicators	Exceptions	
	(<18 Years) FFS	**(<18 Years) MCO**
• ADHD Medication with No Indication in Adults	(N/A) 47	(N/A) 2,378
• Dose Consolidation for Extended-Release Stimulants in Adults	(N/A) 9	(N/A) 33
• Duplicate Therapy with Stimulants	(0) 0	(0) 0
• High Dose Medications	(10) 20	(1,515) 2,241
• Multiple Prescribers of Stimulants	(2) 2	(113) 113
• Risk of Suicidal Ideation with Atomoxetine in Youth	(24) 24	(1,799) 1,799

Setting & Population:	All patients receiving therapy for ADHD medication (Table 1) in the past 30 days will be included.
Types of Intervention:	Cover letter and individual patient profiles.
Main Outcome Measures:	Re-measure of performance indicators.
	• Evaluation and discontinuation of ADHD Medications for non-indicated disorders. • Decreased use of multiple daily doses when possible.

	• Minimize over-utilization of stimulants to prevent duplication or abusive circumstances. • Determine a patient drug treatment plan so that maximum stimulant dose per day does not exceed approved limits. • Physician assessment and appropriate action in patient cases where use of ADHD medications may result in increased adverse drug events. • Identify multiple prescribers of stimulants to prevent abuse and improve coordination of care. • Identify opportunities to reduce drug regimens with multiple non-stimulants.

Performance Indicator #1: ADHD Medication with No Indication in Adults

Why has this indicator been selected?	Use of ADHD medications only for their respective indications will help ensure safe and effective utilization. Over diagnosis of ADHD and over-prescribing of ADHD medications are problems in some communities.
How will the patients be selected?	
Candidates (denominator):	All adult patients receiving targeted medications for ADHD (Table 1) in the past 30 days
Exception criteria (numerator):	Candidates without a diagnosis of ADHD or narcolepsy for certain products in the last 2 years.

Performance Indicator #2: Dose Consolidation for Extended-Release Stimulants in Adults

Why has this indicator been selected?	By consolidating dosages, medication compliance may increase and pharmaceutical expenditures may decrease.
How will the patients be selected?	
Candidates (denominator):	All adult patients with a diagnosis of ADHD receiving targeted medication(s) and doses in the past 30 days (Table 2).
Exception criteria (numerator):	Candidates taking 2 dosage units of extended-release (ER) targeted medications per day. Immediate- release (IR) formulations are excluded.

Performance Indicator #3: Duplicate Therapy with Stimulants

Why has this indicator been selected?	The ADHD stimulants have potential for abuse. While most individuals who need these medications for their medical conditions use them appropriately, over-utilization has become a growing concern. Minimizing over-utilization of stimulants will help prevent abusive circumstances.
How will the patients be selected?	
Candidates (denominator):	All patients with a diagnosis of ADHD receiving stimulants in the past 30 days
Exception criteria (numerator):	Candidates with at least two different IR or ER stimulants from the same or different prescribers. Individuals receiving an IR and ER product concurrently are excluded.

Performance Indicator #4: High Dose Medications

Why has this indicator been selected?	The risk for adverse events with ADHD medications, including serious cardiac complications that may be fatal, increases as the dose of the agent increases. Studies have not shown improved response at doses above recommended maximums.[1, 2] Minimizing use of ADHD medications at doses above recommended maximums may decrease adverse outcomes and associated costs.
How will the patients be selected?	
Candidates (denominator):	All patients with a diagnosis of ADHD receiving targeted medications (Table 1) in the past 30 days
Exception criteria (numerator):	Candidates who are on any ADHD medication at a daily dose higher than that supported by Texas Department of Family and Protective Services (DFPS) literature-based treatment recommendations. New guidelines are scheduled for release fall of 2019.

Performance Indicator #5: Multiple Prescribers of Stimulants

Why has this indicator been selected?	The ADHD stimulants ADHD have potential for abuse. While most individuals who need these medications for their medical conditions use them appropriately, over-utilization has become a growing concern. Minimizing over-utilization of stimulants will help prevent abusive circumstances.
How will the patients be selected?	
Candidates (denominator):	All patients with a diagnosis of ADHD receiving stimulants in the past 30 days
Exception criteria (numerator):	Candidates with stimulants from 3 or more providers to minimize prescribers providing coverage within the same clinic. Multiple prescribers from the same clinic are excluded.

Performance Indicator #6: Risk of Suicidal Ideation with Atomoxetine in Youth

Why has this indicator been selected?	Atomoxetine use has been associated with increased risk of suicidal ideation in short-term studies in children and adolescents with ADHD. A Black Box Warning recommends balancing this risk with the clinical need.[3]
How will the patients be selected?	
Candidates (denominator):	All patients < 18 years of age with a diagnosis of ADHD receiving atomoxetine in the past 30 days
Exception criteria (numerator):	Candidates who have a history of suicide attempts, severe major depression, or bipolar disorder in the past 2 years

References

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2. Post RE, Kurlansik SL. Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder in Adults. Am Fam Physician. 2012;85(9):890-896. Available at: https://www.aafp.org/afp/2012/0501/p890.html Accessed May 3, 2019.

3. Strattera® (atomoxetine) prescribing information; revised May 2017. Eli Lilly and Company; Indianapolis, IN. Available at: http://pi.lilly.com/us/strattera-pi.pdf Accessed May 3, 2019.
4. Texas Preferred Drug List, Effective January 31, 2019 Available at: https://www.txvendordrug.com/sites/txvendordrug/files/docs/formulary/2018-0726-preferred-drug-list.pdf. Accessed May 3, 2019
5. Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care (5th Version), Texas Department of Family and Protective Services, March 2016. Available at: http://www.dfps.state.tx.us/Child_Protection/Medical_Services/documents/reports/2016-03_Psychotropic_Medication_Utilization_Parameters_for_Foster_Children.pdf. Accessed May 3, 2019.

Table 1: Texas Maximum Daily Doses for ADHD Stimulants and Related Agents[4,5]

TX Medicaid Preferred Agents*	TX DFPS Literature-Based Maximum Daily Dosage (mg/day)[5]
Stimulants	
Adderall XR® (amphetamine salt combination) capsules	60
amphetamine salt combination IR tablets	60
Aptensio XR (methylphenidate)	100
Daytrana® (methylphenidate) patches	30
dexmethylphenidate IR tablets	50
dextroamphetamine IR tablets	60
Dyanavel XR (amphetamine)	60
Focalin XR® (dexmethylphenidate) capsules	50
Methylin (methylphenidate) Solution	100
methylphenidate IR tablets	100
methylphenidate ER tablets (authorized generic Concerta)	108
Quillichew ER (methylphenidate)	100
Quillivant XR (methylphenidate)	100
Vyvanse (lisdexamfetamine)	70
Vyvanse® (lisdexamfetamine) chewable tablets	70
Non-Stimulants	
atomoxetine capsules	100
guanfacine ER	7

*PDL Annual Review Effective Date: January 31, 2019

Table 2: Dose Consolidation in Adults for PDL Extended-Release Stimulants

Stimulants			
DRUG	**Taking 2 Units per Day**	**=>**	**Consolidated Dose**
Amphetamine/Dextroamphetamine Salt Combo Capsules (Adderall XR®)	5mg, 10mg, 15mg	=>	10mg, 20mg, 30mg
Dexmethylphenidate Extended-Release Capsules (Focalin XR®)	5mg, 10mg	=>	10mg, 20mg
Methylphenidate XR Capsules (Aptensio XR®)	10mg,15mg, 20mg,30mg	=>	20mg,30mg,40mg,60mg
Methylphenidate Extended Release Tablets (Concerta®)	18mg, 27mg	=>	36mg, 54mg
Methylphenidate Transdermal Patch (Daytrana®)	10mg, 15mg	=>	20mg, 30mg
Lisdexamfetamine (Vynase®)	10mg, 20mg, 30mg	=>	20mg, 40mg, 60mg