BlueCross BlueShield Arizona

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PHARMACY COVERAGE GUIDELINES	**ORIGINAL EFFECTIVE DATE: 11/19/2015**
SECTION: DRUGS	**LAST REVIEW DATE: 8/19/2021**
	LAST CRITERIA REVISION DATE: 8/19/2021
	ARCHIVE DATE:

ADHANSIA XR™ (methylphenidate hydrochloride extended-release) oral capsule
APTENSIO XR™ (methylphenidate hydrochloride extended-release) oral capsule
AZSTARYS™ (serdexmethylphenidate and dexmethylphenidate) oral capsule
JORNAY PM™ (methylphenidate hydrochloride extended-release) oral capsule
Methylphenidate ER oral capsule

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

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Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. **All requested data must be provided.** Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**

Criteria:

- **Criteria for initial therapy:** Adhansia XR (methylphenidate hydrochloride extended-release), Aptensio XR (methylphenidate hydrochloride extended-release), Azstarys (serdexmethylphenidate and dexmethylphenidate), Jornay PM (methylphenidate hydrochloride extended-release), and Methylphenidate ER are considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

  1. Prescriber is a physician specializing in mental health or is in consultation with a Psychiatrist
  2. Individual is 6 years of age or older
  3. A confirmed diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)
  4. Individual has failure, intolerance, or contraindication per FDA label from a trial of generic extended release methylphenidate **or** extended release dexmethylphenadate product (such as generic Concerta, generic Metadate CD and generic Ritalin LA, dexmethylphenidate ER)
  5. Individual has failure, intolerance, or contraindication per FDA from a trial of Vyvanse (lisdexamfetamine) **or** extended release amphetamine-dextroamphetamine **or** extended release dextroamphetamine product
  6. There are no known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, coronary artery disease, or other serious heart problems
  7. There is no history of depressive symptoms or a family history of suicide, bipolar disorder, or psychotic disorder
  8. There is no history of risky, harmful, non-medical or inappropriate use of these and other substances that might be unhealthy, hazardous, or a problem (i.e., multiple providers, multiple pharmacies, or multiple controlled substances)
  9. There are **NO** FDA-label contraindications:
     a. Currently using or use within the preceding 14 days a monoamine oxidase inhibitor (MAOI)

10. There are no significant interacting drugs

Initial approval duration: 6 months

- **Criteria for continuation of coverage (renewal request):** Adhansia XR (methylphenidate hydrochloride extended-release), Aptensio XR (methylphenidate hydrochloride extended-release), Azstarys (serdexmethylphenidate and dexmethylphenidate), Jornay PM (methylphenidate hydrochloride extended-release), and Methylphenidate ER are considered ***medically necessary*** and will be approved when **ALL** of the following criteria are met:

1. Individual continues to be seen by a physician specializing in mental health or is in consultation with a Psychiatrist

2. Individual's condition responded while on therapy
    a. Response is defined as **TWO** of the following:
        i. Achieved and maintains at least a 50% reduction from baseline in core symptoms of hyperactivity, impulsivity, and attention
        ii. Achieved and maintains at least a 50% improvement from baseline in SKAMP rating scale
        iii. Improved attention and social skills
        iv. No aggressive behaviors

3. Individual has been adherent with the medication

4. Individual has not developed any contraindications or other significant adverse drug effects that may exclude continued use
    a. Contraindications as listed in the criteria for initial therapy section
    b. Significant adverse effect such as:
        i. Development of psychotic or manic symptoms or other serious psychiatric events
        ii. Peripheral vasculopathy, including Raynaud's phenomenon
        iii. Priapism
        iv. Serious cardiovascular event such as stroke, or myocardial infarction

5. There is no history of risky, harmful, non-medical or inappropriate use of these and other substances that might be unhealthy, hazardous, or a problem

6. There are no significant interacting drugs

Renewal duration: 12 months

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- Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

  1. **Off-Label Use of a Non-Cancer Medications**

  2. **Off-Label Use of a Cancer Medication for the Treatment of Cancer without a Specific Coverage Guideline**

Description:

Adhansia XR (methylphenidate), Aptensio XR (methylphenidate), Azstarys (serdexmethylphenidate and dexmethylphenidate) capsule, Jornay PM (methylphenidate), and methylphenidate ER are a central nervous system stimulants indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years of age and older.

How methylphenidate exerts its therapeutic benefit in the treatment of ADHD is unknown. Methylphenidate is a known central nervous system (CNS) stimulant. Methylphenidate is a racemic mixture of the d- and l-isomers. The d-isomer is more pharmacologically active than the l-isomer. Methylphenidate is thought to block the reuptake of norepinephrine and dopamine into the presynaptic neuron and increase the release of these monoamines into the extraneuronal space. Methylphenidate is available in numerous formulations that includes short acting, intermediate acting, and long acting preparations. Dexmethylphenidate is the more pharmacologic active d-enantiomer of racemic methylphenidate and is thought to block reuptake of norepinephrine and dopamine into the presynaptic neuron like methylphenidate. Serdexmethylphenidate is a prodrug of dexmethylphenidate that is converted to dexmethylphenidate in the gastrointestinal tract.

ADHD is one of the most commonly diagnosed neurobehavioral disorders of childhood. It is more frequently diagnosed in males than in females. ADHD is characterized by inattention, hyperactivity that exceeds the usual developmental pattern, impulsivity that impair activities of daily living, and/or inattention that occur in more than one setting and affect function (e.g., academic, social, emotional, etc.). The symptoms must not be better accounted for by another mental disorder.

Comorbidities are also common and may include mood disorder, anxiety disorder, substance abuse, tics, learning difficulties, and disruptive behaviors such as oppositional defiance or conduct disorder. Symptoms can persist into adolescence and into adulthood.

The published literature suggests that central nervous system stimulant medications are considered first line therapy in uncomplicated ADHD. Methylphenidate or mixed amphetamine salts, or dextroamphetamine are often recommended as first line therapy. Evidence for the use of methylphenidate is derived from well-designed efficacy and safety trials. Due to limited number of trial information the strength of evidence for the other stimulants is ranked as fair.

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Treatment goals include: improved relationships with parents, teachers, siblings, or peers (e.g., plays without fighting at recess); improved academic performance (e.g., completes academic assignments); and improved rule following (e.g., does not talk back to the teacher).

Response to treatment is demonstrated by: objective measurement of reduction in core symptoms and/or improvement in target goals (e.g., 40-50% reduction in core symptoms compared with baseline and decreased proportion of missing assignments from 60% to 20%. Core symptoms can be monitored through the use of ADHD-specific rating scales and target symptoms can be monitored through a daily report card or periodic narrative reports from the child's teacher.

Treatment failure is defined by lack of satisfactory improvement in core symptoms of ADHD at the maximum dose or the occurrence of intolerable adverse effects. It is important to differentiate lack of response from rebound effects as the medication wears off. With lack of response there is no improvement in core symptoms. With rebound, there is an initial improvement in core symptoms, but near the end of the expected duration of action, there may be a recurrence or worsening of symptoms.

When one stimulant fails to manage the condition due to an inadequate response, it is suggested to change to another one of the first line stimulants. Approximately 50% of individuals not responding to one stimulant may respond to the other as side effects may occur with one type of stimulant but not another.

It is further suggested that if first line stimulants are ineffective, non-stimulant medications may be added or used as mono-therapy. Use of non-stimulant medications may be beneficial in situations such as concerns about substance abuse or diversion, tic disorder, sleep problems, anxiety, psychosis, aggression, or cardiac abnormalities associated with use of stimulants. Non-stimulant medications may include atomoxetine, clonidine, guanfacine, and antidepressants (e.g., tricyclic antidepressants, bupropion, selective serotonin reuptake inhibitors).

There are many agents available with brand and generic options for the treatment of ADHD. Several agents are available as both immediate acting and long acting formulations. Comparative trials of stimulant medications are lacking, but it is apparent that all stimulant medications have similar effects and adverse effects and given the extensive evidence of efficacy and safety, they still remain agent first choice. There are clinically meaningful differences in dosing, time to onset, route, duration of action, and cost among the various compounds. Sustained-release formulations of stimulants may show benefit over immediate release forms at specific times of day depending on the pharmacokinetics of the specific formulation used, but overall differences on safety and efficacy are not found.

For individuals with swallowing difficulties, many capsule forms of extended release stimulants can be opened and sprinkled onto food. Liquid formulations are also available and some products have a chewable dosage form that can be used.

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Definitions:

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD types:
  - Inattentive Type, *at least 6* of the following symptoms must have persisted for *at least 6 months*
    - Lack of attention to details/careless mistakes
    - Lack of sustained attention
    - Poor listener
    - Failure to follow through on tasks
    - Poor organization
    - Avoids tasks requiring sustained mental effort
    - Loses things
    - Easily distracted
    - Forgetful
  - Hyperactive-Impulsive Type, *at least 6* of the following symptoms must have persisted for *at least 6 months*
    - Fidgeting/squirming
    - Leaving seat
    - Inappropriate running/climbing
    - Difficulty with quiet activities
    - "On the go"
    - Excessive talking
    - Blurting answers
    - Can't wait turn
    - Intrusive
  - Combined Type requires both inattentive and hyperactive-impulsive criteria to be met

SKAMP rating scale:

- A validated 13-item teacher-rated scale that assesses manifestations of ADHD in a classroom setting
- The rating scale consists of 13 items rated on a 7-point impairment scale (0 = normal to 6 = maximal impairment)
- The combined scores for the SKAMP are obtained by summing the values of all 13 items
- Subscale scores for attention (items 1-4), behavior (items 5-8), quality of work (items 9-11) and compliance (items 12-13) are obtained by summing the values of their corresponding items

1. Getting started on assignments for classroom periods 2. Sticking with tasks or activities for the allotted time 3. Attending to an activity or a discussion of the class 4. Stopping and making transition to the next period 5. Interacting with other children 6. Interacting with the teacher or aide

7. Remaining quiet according to classroom rules
8. Staying seated according to classroom rules
9. Completing assigned work
10. Performing work accurately
11. Being careful and neat while writing or drawing
12. Complying with the teacher's usual requests or directions
13. Following the rules established for the classroom

Resources:

Adhansia XR (methylphenidate) extended release capsule product information, revised by Adlon Therapeutics L.P. 07-2019. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed on March 23, 2021.

Aptensio XR (methylphenidate) extended release capsule product information, revised by Rhodes Pharmaceuticals L.P. 06-2019. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed on March 23, 2021.

Azstarys (serdexmethylphenidate and dexmethylphenidate) capsule product information, revised by Corium, Inc. 06-2021. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed on July 30,2021.

Jornay PM (methylphenidate) extended release capsule product information, revised by Ironshore Pharmaceuticals, Inc. March 23, 2021. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed on March 23, 2021.

Methylphenidate extended release capsule product information, revised by SpecGx LLC. 01-2020. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed on March 23, 2021.

Krull KR. Attention deficit hyperactivity disorder in children and adolescents: Overview of treatment and prognosis. In: UpToDate, Augustyn M, Torchia MM (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Accessed on March 23, 2021.

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Brent D, Bukstein O, Solanto MV. Treatment of attention deficit hyperactivity disorder in adults. In: UpToDate, Stein MB, Friedman M (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Accessed on March 23, 2021.