

# Medications for Use in ADHD Treatment for Members/Participants 18 and Older

## Prior authorization guidelines tip sheet

*This tip sheet is intended to further assist you with a prior authorization request. It is for informational purposes only and is **NOT** intended as a substitute for clinical guidelines or medical advice.*

Covered uses for ADHD medications are defined by disease state-specific standard-of-care guidelines and by using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), and the Drug Package Insert (PPI).

All nonpreferred medications require a prior authorization.

Prior authorization generally is not required for preferred products when used within quantity limits for members ages 4 to 17.



### Required medical information:

- A prescriber attestation that the Diagnostic and Statistical Manual of Mental Disorders V (DSM-5) criteria for diagnosis of ADHD in adults has been met (initial request only)
- The appropriate dose of medication based on age and indication
- That the patient is not on another stimulant with the same duration of action (i.e., short acting or long acting) simultaneously
- That the patient was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider
- Documentation that the beneficiary has been educated on the potential adverse effects of stimulants, including the risk for misuse, abuse, and addiction
- Documentation that the prescriber or prescriber's delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program for the beneficiary's controlled substance prescription history
- If the request is for a nonpreferred medication: documented trial and failure or intolerance to two preferred medications used to treat the documented diagnosis (12-month approval)
- If the patient has a history of comorbid substance dependency, abuse, or diversion: results of a recent urine drug screen testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, and tramadol) that is consistent with prescribed controlled substances
- Additional criteria may apply.

If you would like to discuss a prior authorization decision that was based on medical necessity, you may call the Pharmacy Services department at **1-866-610-2774** for AmeriHealth Caritas Pennsylvania or **1-888-674-8720** for AmeriHealth Caritas Pennsylvania Community HealthChoices. You can also find the class-specific prior authorization form at [www.amerhealthcaritaspa.com/pdf/pharmacy/forms/injectable/stimulants.pdf](http://www.amerhealthcaritaspa.com/pdf/pharmacy/forms/injectable/stimulants.pdf) for AmeriHealth Caritas Pennsylvania or [www.amerhealthcaritaschc.com/assets/pdf/provider/pharmacy/stimulants.pdf](http://www.amerhealthcaritaschc.com/assets/pdf/provider/pharmacy/stimulants.pdf) for AmeriHealth Caritas Pennsylvania Community HealthChoices.