

Calendar Year 2011 Annual Review of ADHD/Narcolepsy Medications

Oklahoma HealthCare Authority, April 2012

Current Prior Authorization Criteria

ADHD/Narcolepsy Medications		
Tier 1	Tier 2	Tier 3
Amphetamine Adderall® Adderall XR® (BRAND)	Amphetamine Amphetamine/Dextroamphetamine (Adderall XR GENERIC)	Amphetamine Desoxyn® Dexedrine®
Methylphenidate Ritalin® Methylin® Tabs, Syrup Ritalin SR® Concerta® Focalin® Focalin XR®	Vyvanse® Methylphenidate Metadate ER® Metadate CD® Ritalin LA®	Dexedrine Spansules® ProCentra™ Oral Solution
Non-Stimulant Strattera® (atomoxetine) Intuniv® (guanfacine ER)	Non-Stimulant Kapvay® (clonidine ER)	Methylphenidate Daytrana™ Patch Non-Stimulant Provigil® (modafinil) Nuvigil® (armodafinil) Xyrem® (sodium oxybate)

For Tier 2 Products:

1. FDA approved diagnosis.
2. Trials of long acting medications from both the amphetamine and methylphenidate category
 - a. Trials should have been within the last 30-60 days.
 - b. Dosed up to maximum recommended dose or provide information regarding side effects at higher dose.
 - c. If trials are not in member's claim history, the pharmacy profile should be submitted or detailed information regarding dates and doses should be included along with the signature from the physician.
3. Use of Kapvay® requires recent 14 day trial with immediate release clonidine and clinically significant reason why member cannot use immediate release products.
4. Concomitant use of stimulants and Strattera® is approved only for members with severe disease who have tried multiple stimulant medications alone, titrated to maximum recommended dose, AND the non-stimulant medication alone, titrated to maximum recommended dose, that did not yield adequate response.

For Tier 3 Products:

1. FDA approved diagnosis
2. Trials with at least three lower tiered long acting medications, each from different chemical categories, unless contraindicated, that did not yield adequate response.
 - a. Trials should have been within the last 60-90 days.

- b. Dosed up to maximum recommended dose or provide information regarding side effects at higher dose.
- c. If trials are not in member's claim history, the pharmacy profile should be submitted or detailed information regarding dates and doses should be included along with the signature from the physician.

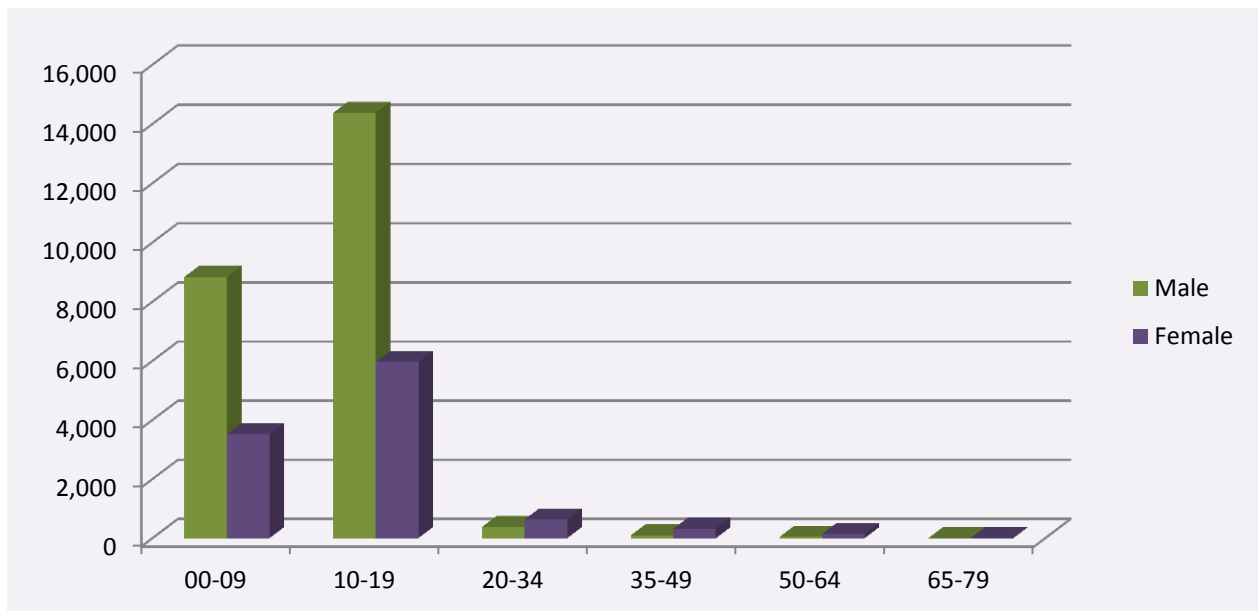
Additional Criteria:

- 1. Dose exceeding 1.5 times the FDA maximum is not covered.
- 2. Prior Authorization is required for all tiers for members greater than 20 years of age.
- 3. Use of Xyrem® requires recent trials with Tier 1 and Tier 2 stimulants from different chemical categories, and trials with both Provigil® and Nuvigil® within the past 6 months, unless contraindicated, that did not yield adequate results.
- 4. The diagnosis of obstructive sleep apnea requires concurrent treatment for the obstructive sleep apnea.
- 5. The diagnosis of shift work sleep disorder requires the member's work schedule to be included with the petition.

Utilization of Stimulants – CY 2011

Calendar Year	Total Members	Total Claims	Total Paid	Paid/Claim	Paid/Day	Total Units	Total Days
2010	31,316	232,360	\$28,797,020.32	\$123.93	\$4.17	8,122,993	6,913,066
2011	34,324	254,725	\$35,637,389.68	\$139.91	\$4.71	8,886,777	7,573,230
% Change	9.60%	9.60%	23.80%	12.90%	12.90%	9.40%	9.50%
Change	3,008	22,365	\$6,840,369.36	\$15.98	\$0.54	763,784	660,164

Member Demographics



Prescriber Specialty – Top 10 prescribers by number of claims

Specialty	Number of Claims
General Pediatrician	85,629
Family Practitioner	72,182
Psychiatrist	69,890
General Practitioner	9,027
Nurse Practitioner (Other)	2,953
Internist	2,855
Physician Assistant	2,848
Emergency Medicine Practitioner	1,625
Non-Contracted Prescriber	1,113
Neurologist	1,108

Prior Authorization Activity

A total of 14,092 petitions were submitted in CY 2011 for prior authorization with the following results. Step edits are in place for point-of-sale claims when tier trials have been met. The following chart shows the status of the submitted petitions.

Status	Total PA Count
Approved	7,116
Denied	696
Incomplete	6,280

Market Changes

- A generic of Concerta® (methylphenidate extended-release) became available in May 2011; SMAC was applied in October, 2011
- Daytrana™ (methylphenidate transdermal) – Patent expires 12/2012
- Provigil® (modafinil) - Patent expires 10/2014
- Nuvigil® (armodafinil) - Patent expires 10/2014
- Intuniv® (guanfacine ER) – patent expires 9/2015
- Ritalin LA® (methylphenidate ER) – patent expires 12/2015. Generic product was approved in December 2011, but is not currently available
- Strattera™ (atomoxetine – Patent expires 10/2018
- Metadate CD® – patent expires 10/2020
- 10/21/2010 – Risk Evaluation & Mitigation Strategy (REMS) was required for Provigil® and Nuvigil®
 - 1/13/2012 – REMS requirement eliminated

Discussion

Clinical Practice Guidelines were updated by the American Academy of Pediatrics and were published in *Pediatrics* in November 2011. The updated guidelines expand the age range for diagnosis and treatment from 6-12 year to 4-18 year, to include preschooler and adolescents. Behavioral therapy, involving a broader range of caregivers and contacts, is recommended along with medications. A process-of-care algorithm for diagnosis and treatment is included in the new guidelines.

Recommendations

The College of Pharmacy recommends no changes to this PBPA category at this time.

Utilization Data

CHEMICAL NAME	BRAND NAME(S)	CLAIMS	MEMBERS	PAID	CLAIMS/ MEMBER	PAID/ DAY	% COST
Methylphenidate CR	METHYLPHENIDATE SR, METHYLPHENIDATE CR, METADATE ER, METHYLIN [®] ER,	66,421	22,373	\$12,157,682.68	2.53	\$0.95	0.21%
Methylphenidate ER	CONCERTA [®]	66,421	22,373	\$12,157,682.68	2.97	\$6.16	34.13%
Methylphenidate ER	METADATE [®] CD	1914	426	\$309,073.34	4.49	\$5.40	0.87%
Methylphenidate ER	RITALIN [®] LA	1551	343	\$223,652.94	4.52	\$4.81	0.63%
Methylphenidate transdermal	DAYTRANA [™]	1552	333	\$258,580.65	4.66	\$5.56	0.73%
Methylphenidate IR	METHYLIN [®] , RITALIN [®]	17,047	5,837	\$210,982.25	2.92	\$0.42	0.58%
Methylphenidate IR	METHYLIN [®] CHEW TAB	217	90	\$63,447.46	2.41	\$10.08	0.18%
Methylphenidate IR	METHYLIN [®] SOLUTION	429	169	\$101,505.07	2.54	\$8.22	0.29%
Amphet Salt Combo	ADDERALL [®]	27,188	7,369	\$951,629.14	3.69	\$1.17	2.69%
Amphet Salt combo ER	ADDERALL [®] XR	28,892	9039	\$4,834,778.94	3.20	\$5.64	13.55%
Lisdexamfetamine	VYVANSE [®]	41,564	8,805	\$6,388,363.56	4.72	\$5.16	17.93%
Dexmethylphenidate	FOCALIN [®]	8,359	2412	\$336,141.92	3.47	\$1.36	0.96%
Dexmethylphenidate ER	FOCALIN [®] XR	29,479	8,498	\$4,656,640.22	3.47	\$5.32	13.07%
Atomoxetine	STRATTERA [®]	19,264	5,645	\$3,449,247.03	3.41	\$6.02	9.68%
Clonidine	KAPVAY [®]	396	131	\$58,645.25	3.02	\$4.97	0.16%
Guanfacine	INTUNIV [®]	6,414	1812	\$1,063,448.68	3.54	\$5.58	2.98%
Modafinil	PROVIGIL [®]	522	96	\$379,041.37	5.44	\$24.45	1.06%
Dextroamphetamine	DEXEDRINE [®]	736	130	\$64,926.41	5.66	\$2.96	0.18%
Methamphetamine	DESOXYN [®]	10	3	\$4,812.04	3.33	\$16.04	0.02%
Armodafinil	NUVIGIL [®]	143	33	\$49,524.40	4.33	\$11.76	0.14%
	Totals	254,725	34,324*	\$35,637,389.68	7.42	\$4.71	100%

*Total unduplicated members