

# Medications for Use in ADHD Treatment for Members 21 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 is not required for preferred products for members 20 years of age or younger.

### 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)
- That behavioral modification techniques have been tried prior to medication being prescribed (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 is not concurrently taking a benzodiazepine, with the exception of medication required for a seizure diagnosis. If a benzodiazepine is required, appropriate documentation must be provided by the prescriber indicating justification.
- 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 you would like to discuss a prior authorization decision that was based on medical necessity with AmeriHealth Caritas Next, you may call a clinical pharmacist at 1-844-280-9131 for **peer-to-peer requests**.