

Guidelines for Prudent Prescribing of ADHD Medications

Clinical care of patients remains both an art and science and cannot be reduced to simple protocols. Even so, guidelines are useful for both optimizing treatment and minimizing costs and side-effects. There are occasions, however, when deviations from the guidelines are clinically warranted. There will always be patients who are more or less sensitive to medications than average and require dosing that is outside of the usual norms. In those cases, coverage should be granted.

It is important to keep in mind that FDA-approved dosing is, in many cases, derived from dosing based on business decisions on the part of the pharmaceutical company and not always what is found to be the most effective in either clinical practice or studies performed after the release of the original product dosing recommendations by the manufacturer.

When Prior Authorization of ADHD Medications May Be Appropriate and Noted Exceptions

Quality of care concerns: Efficacy

Use of a nontraditional stimulant such as Nuvigil or Provigil before use of a standard, FDA approved stimulant for ADHD.

Exceptions:

(Nuvigil or Provigil may be preferred in some patients with a substance abuse history or 2nd line when traditional stimulants cause excessive side-effects on the CV system or tics, for example.)

Stimulant usage for non ADHD diagnoses are appropriate at times. Examples include treatment resistant major depression and occasionally for energy or focus problems in medically ill patients such as cancer.

Quality Care Concerns: Efficiency and Safety

Multi-daily dosing of sustained release stimulant formulations that exceed the recommended dosages or for multi-tablet dosing when a single dosage would be equivalent.

Recommended high stimulant dosages:

Adderall doses above 60mg/D

Methylphenidate dosages above 80mg/D (Concerta is approved to 72mg/D)

Focalin dexamethylphenidate doses above 40mg/D

Exceptions:

Multi-tablet dosing is appropriate in some circumstances such as for patients who work long hours exceeding the duration of available preparations. In some circumstances, for example, Adderall XR BID is necessary to achieve control for up to 16 hours. Adderall XR will not generally last beyond 8 hours in a single dose even under optimal circumstances, and some patients see significantly less duration of effect. When it is clinically appropriate it should be approved.

Some patients are known to be rapid metabolizers and accommodation for higher dosages should be allowed for those patients and prior authorization is reasonable for those patients.

Patients on stimulants for more than one year at a given dosage should not be forced to have those dosages changed whenever the PBM changes their rules.

Quality of Care Concerns: Side Effect Risks

Simultaneous, prescription of both a stimulant and NRI, such as Strattera.

Exceptions:

There are some patients for whom either medication alone is not sufficient, and the benefits exceed the risks and side effects. The primary risks are those related to excessive noradrenergic effects and side effects like sweating, tachycardia, hypertension, & urinary hesitancy.