STEP THERAPY POLICY

POLICY: Attention Deficit Hyperactivity Disorder Non-Stimulant Medications Step Therapy Policy
- Intuniv® (guanfacine extended-release tablets – Shire)
- Kapvay® (clonidine hydrochloride extended-release tablets – Concordia)
- Strattera® (atomoxetine capsules – Lilly, generic)
- Qelbree® (viloxazine extended-release capsules – Supernus)

REVIEW DATE: 06/12/2024

OVERVIEW

The non-stimulant medications are indicated for the **treatment of attention deficit hyperactivity disorder** (ADHD) in children and adolescents 6 to 17 years of age.[1-4]
- Atomoxetine capsules (Strattera, generic) and Qelbree are also indicated for the treatment of ADHD in adults.[1,4]

Numerous stimulants are approved for the treatment of ADHD in children and adolescents, as well as adults.[5-7]

GUIDELINES

The American Academy of Pediatrics clinical practice guideline for the diagnosis, evaluation, and treatment of ADHD in children and adolescents (2019) indicates that stimulants have the most evidence for efficacy and safety in the treatment of ADHD, and remain the first choice of medication treatment.[8] The evidence is particularly strong for stimulant medications and sufficient but less strong for atomoxetine, extended-release guanfacine, and extended-release clonidine (in that order) [strong recommendation]. Qelbree is not addressed in the guideline.

A meta-analysis of 133 double-blind, randomized, controlled trials (published in 2018) found that all included medications (amphetamines, methylphenidate, atomoxetine, bupropion, clonidine, guanfacine, and modafinil) were superior to placebo for clinicians' ratings of ADHD core symptoms in children and adolescents.[9] When evaluating teachers' ratings, only methylphenidate and modafinil were more efficacious than placebo. In clinicians' ratings of adults, amphetamines, methylphenidate, bupropion, and atomoxetine, but not modafinil, demonstrated improvements over placebo. With respect to tolerability, amphetamines were inferior to placebo in children, adolescents, and adults; guanfacine was inferior to placebo in children and adolescents only; and atomoxetine, methylphenidate, and modafinil were less well-tolerated than placebo in adults only. In head-to-head comparisons, differences in efficacy (based on clinicians' ratings) were found that favored amphetamines over modafinil, atomoxetine, and methylphenidate in children, adolescents, and adults. Taking into account both efficacy and safety, evidence from this meta-analysis supports the use of methylphenidate in children and adolescents and amphetamines in adults, as preferred first-line medications for treatment of ADHD.

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.
Note: Generic guanfacine extended-release tablets and generic clonidine extended-release tablets are not included in either Step 1 or Step 2 of this program.

Automation: A patient with a of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

Step 1: generic atomoxetine capsules, stimulant medications (amphetamine and methylphenidate/dexmethylphenidate products)

Amphetamines (Note: This is not an all-inclusive list.)

- Amphetamine sulfate tablets (Evekeo™)
- Amphetamine extended-release orally disintegrating tablets (Adzenys XR-ODT™)
- Amphetamine extended-release oral suspension (Dyanavel™ XR, Adzenys ER™)
- Mixed amphetamine salts [dextroamphetamine sulfate, dextroamphetamine saccharate, amphetamine sulfate, amphetamine aspartate] immediate-release tablets (Adderall®, generic)/ extended-release capsules (Adderall XR®, generic)
- Dextroamphetamine immediate release tablets (Dexedrine®, Zenzedi®, generic)/sustained-release capsules (Dexedrine® Spansules®, generic)
- Dextroamphetamine sulfate oral solution (ProCentra®, generic)
- Methamphetamine tablets (Desoxyn®, generic)
- Lisdexamfetamine capsules and chewable tablets (Vyvanse®, generic)

Methylphenidate/dexmethylphenidate (**Note: This is not an all-inclusive list.**)

- methylphenidate extended-release tablets or capsules (Adhansia XR™, Aptensio XR™, Concerta®, Metadate® CD, Metadate® ER, Ritalin® LA, Ritalin-SR®, generic)
- methylphenidate immediate release tablets, oral solution, and chewable tablets (Ritalin®, Methylin®, Methylin® Chewable, generic)
- dexmethylphenidate immediate-release tablets (Focalin®, generic)
- dexmethylphenidate extended-release capsules (Focalin XR®, generic)
- methylphenidate transdermal system (Daytrana®)
- methylphenidate extended-release oral suspension (Quillivant™ XR, QuilliChew ER™)

Step 2: Strattera (brand), Intuniv (brand), Kapvay (brand), Qelbree

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.

2. If the patient is unable to take a stimulant medication and unable to swallow whole capsules and tablets according to the prescriber, approve Qelbree.

3. No other exceptions are recommended.

REFERENCES

1. Strattera® capsules [prescribing information]. Indianapolis, IN: Lilly; January 2022.
2. Intuniv® extended-release tablets [prescribing information]. Lexington, MA: Shire; December 2019.
3. Kapvay® extended-release tablets, oral [prescribing information]. Overland Park, KS: Concordia; February 2020.
4. Qelbree® extended-release capsules [prescribing information]. Rockville, MD: Supernus; April 2022.
5. Clinical Pharmacology [database online]. Philadelphia, PA: Elsevier, Inc.; 2024. Available at https://www.clinicalkey.com/pharmacology/. Accessed on June 5, 2024. Search terms: amphetamine, methylphenidate, and lisdexamfetamine.

6. Concerta® extended-release tablets [prescribing information]. Titusville, NJ: Janssen; October 2023.
7. Adderall XR® extended-release capsules [prescribing information]. Lexington, MA: Takeda; October 2023.
8. Wolraich ML, Hagan JF Jr, Allan C, et al. Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics*. 2019;144(4):e20192528.
9. Cortese S, Adamo N, Del Giovane C, et al. Comparative efficacy and tolerability of medications for attention-deficit hyperactivity disorder in children, adolescents, and adults: a systematic review and network meta-analysis. *Lancet Psychiatry*. 2018;5(9):727-738.