



# UMPQUA HEALTH

## ALLIANCE

### OHP MEDICATION GUIDELINE DCIPA, LLC

## Stimulants

Approved by: Pain Management Committee (a sub-committee of the Clinical Advisory Panel)

Last Date Approved: 6/2/16

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#### Children:

- **Immediate-release** formulations of stimulant medications for children between 6-18 years of age will be available without PA:
  - Methylphenidate IR 5, 10, and 20mg up to #90 per 30-day supply.
  - Amphetamine Salt Combo 5, 7.5, 10, 12.5, 15, 20 and 30mg.
- **Extended-release** formulations of stimulant medications for children between 6-18 years of age will be available without PA: Methylphenidate ER (methylin ER) 10 and 20mg **OR** methylphenidate SR (Ritalin SR) 20mg up to #90 per 30-day supply.
- All stimulant medication for children less than 6 or greater than 18 years of age will require PA.

#### Adults:

1. The patient must have an established diagnosis of attention deficit disorder with or without hyperactivity (ADD/ADHD) or narcolepsy.
  - ADD/ADHD: Diagnosis must be from a licensed mental health professional and include a comprehensive evaluation **OR** from a primary care provider using a validated symptom checklist.
  - NARCOLEPSY: Patient must have an established diagnosis from a neurologist or pulmonologist.

**\*\*Criteria 2-7 apply to a diagnosis of ADD/ADHD only\*\***

Approved: 09/14/05

Reviewed: 10/05/05, 06/07/06, 10/10/07, 8/19/09, 10/19/11, 6/5/12, 5/5/16, 6/2/16

2. The patient must have a continued need to focus, including school, work, or caregiving. Documentation of the patient's need for focus must be included in the chart note.
3. The patient must not have current/active substance abuse. (Defined as use of illicit or unprescribed substances within the last year). Patients with a history of substance abuse are eligible for coverage with evidence of at least one year of remission. Documentation of ongoing participation in counseling or substance abuse treatment may be required. Exceptions to this criteria will be reviewed on a case by case basis in situations in which a patient may have severe ADHD with co-morbid substance abuse where treatment with stimulant medication is medically necessary.
4. A urine drug screen must be performed at the visit when the stimulant is initially prescribed, and at least every 3-6 months thereafter. Random urine drug screens and pill counts are required.
5. The patient must not be using any other medications or substances that have the potential to cause sedation or lack of focus. This includes opiates, marijuana, and alcohol.
6. The prescribed stimulant must be supported by the FDA approved package insert indications and dosing recommendations.
7. Patients with certain co-morbid conditions such as uncontrolled hypertension, untreated or uncontrolled anxiety or agitation, and hyperthyroidism may not be appropriate for stimulants.

#### **References:**

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**Approved: 09/14/05**

**Reviewed: 10/05/05, 06/07/06, 10/10/07, 8/19/09, 10/19/11, 6/5/12, 5/5/16, 6/2/16**

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