Texas Medicaid

Attention-Deficit/Hyperactivity Disorder Medication Management

Educational RetroDUR Mailing	☑Initial Study ❑Follow – up /Restudy

Executive Summary

Purpose:	To promote the safe use and prescribing of medications for treatment of attention-deficit/hyperactivity disorder (ADHD).		
Why Issue was Selected:	ADHD is one of the most common childhood neurobehavioral disorders. In community samples, it has a reported prevalence rate of 8.7 to 15.5% in school age children, and rates continue to increase.[1,2] ADHD can affect all aspects of a child's life and it is estimated one-third of children diagnosed with ADHD continue to be affected by symptoms into adulthood.[2] The mainstay of treatment in both children and adults is pharmacologic therapy based on its efficacy in controlling symptoms, most commonly with stimulants, however, non-stimulant medications are available for use as alternative or combination therapy.[1-3] Recent data indicates two-thirds of children and adolescents use medications to control their ADHD symptoms.[2] While stimulants are effective in controlling ADHD symptoms, their benefits should be balanced with the potential for adverse effects and misuse.[1,3,4]		
	ADHD Performance indicators	**Exceptions**	
		(<18 Years) FFS	**(<18 Years) MCO**
	• ADHD Medication Use without Indication	(N/A) 35	(N/A) 2,790
	• Duplicate Therapy with Stimulants	(2) 3	(580) 651
	• Multiple Prescribers of Stimulants	(29) 33	(3,387) 3,730
	• Risk of Suicidal Ideation with Selective Norepinephrine Reuptake Inhibitors in Youth	(12) 12	(977) 977
	• Nonadherence with Non-Stimulant ADHD Medications	(77) 98	(4,858) 5,349
	• Increased Risk of Adverse Cardiovascular Events with Stimulants	(TBD) TBD	(TBD) TBD

Setting & Population:	All patients receiving therapy for an ADHD medication in the past 45 days will be included.
Types of Intervention:	Cover letter and individual patient profiles.
Main Outcome Measures:	The performance indicators will be re-measured when six months of outcome data are available.
Anticipated Results:	• Evaluation and discontinuation of ADHD medications for non-FDA approved use • Minimization of overutilization of stimulants by preventing duplication and/or decreasing risk of diversion or misuse • Identification of multiple prescribers of stimulants will decrease risk of diversion and misuse and improve coordination of care • Improved medication adherence with maintenance ADHD medications • Identification of patients that may be at increased risk for adverse cardiac events and suicidal ideation with ADHD medications

Performance Indicator #1: ADHD Medication Use without Indication

Why has this indicator been selected?	Use of ADHD medications only for their respective FDA-approved indications will help ensure safe and effective utilization. Current guidelines do not recommend the use of ADHD medications in patients that do not meet the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for diagnosis, but instead recommend the use of psychosocial treatments.[1] Additionally, over-prescribing of ADHD medications can be problematic and increase risk of misuse and diversion.[1,3,4]
Candidates (denominator):	Patients >/19 years of age receiving therapy with an ADHD medication (Table 1) in the last 45 days.
Exception criteria (numerator):	Candidates without a diagnosis of ADHD (submitted ICD-10 codes) in the last 2 years. Exclusions: • Candidates taking mixed amphetamine salts IR, dextroamphetamine sulfate IR/ER, or methylphenidate IR/ER with a history of narcolepsy in the last 2 years. • Candidates taking lisdexamfetamine with a history of binge eating disorder in the last 2 years.

Performance Indicator #2: Duplicate Therapy with Stimulants

Why has this indicator been selected?	Stimulants have a high potential for abuse. While most individuals who need these medications to control their ADHD symptoms use them appropriately, overutilization has become a growing concern.[1,3,4] Additionally, use of more than one stimulant medication is not generally recognized as synergistic and may increase the risk of adverse effects.
Candidates (denominator):	All patients with a diagnosis of ADHD (submitted ICD-10 codes) with a claim for a stimulant (Table 1) in the last 60 days.
Exception criteria (numerator):	Candidates with at least two different stimulants with > 35 days of overlapping therapy in the last 60 days from: • 1 prescriber • > 1 prescriber Exclusion: Patients receiving an IR and ER product of the same medication.

Performance Indicator #3: Multiple Prescribers of Stimulants-Informational

Why has this indicator been selected?	Stimulants have a high potential for abuse. Individuals who visit multiple providers and/or receive multiple stimulant products may be obtaining medications for reasons other than therapeutic purposes. Minimizing overutilization of stimulants may help prevent misuse and diversion.[1,3,4]
Candidates (denominator):	All patients with a diagnosis of ADHD (submitted ICD-10 codes) with a claim for a stimulant (Table 1) in the last 60 days.
Exception criteria (numerator):	Candidates with stimulants prescribed by 2 or more prescribers.

Performance Indicator #4: Risk of Suicidal Ideation with Selective Norepinephrine Reuptake Inhibitors in Youth

Why has this indicator been selected?	Selective norepinephrine reuptake inhibitor (i.e., atomoxetine and viloxazine) use has been associated with an increased risk of suicidal ideation in short-term studies in children and adolescents with ADHD. Official prescribing information for atomoxetine and viloxazine contain boxed warnings regarding increased risk of suicidal thoughts and behavior in pediatric and adolescent patients.[5,6] It is recommended that patients taking these medications be closely monitored for clinical worsening and/or the emergence of suicidal thoughts and behaviors, especially during the initiation of therapy and during dosage changes.[5,6] Clinicians should balance this risk with the clinical need for these medications.
Candidates (denominator):	All patients < 18 years of age with a diagnosis of ADHD (submitted ICD-10 codes) in the last 2 years receiving atomoxetine or viloxazine therapy in the last 45 days.
Exception criteria (numerator):	Candidates with a history of suicide attempts, severe major depression, or bipolar disorder in the last 2 years.

Performance Indicator #5: Nonadherence with Non-Stimulant ADHD Medications

Why has this indicator been selected?	ADHD is a chronic medical condition and treatment with medication has been shown to improve patient symptoms and clinical outcomes. Despite these improvements, medication nonadherence and/or discontinuation are still reported by patients with ADHD as a result of medication-related adverse effects and/or lack of perceived effectiveness.[7] Continued therapy is important for patients to realize successful clinical outcomes. This is especially important for non-stimulant medications which are intended for daily use and unlike stimulants, may take several weeks for full clinical benefit to be realized.[8]
Candidates (denominator):	All patients with a history ADHD (submitted ICD-10 codes) in the last 2 years receiving therapy with a non-stimulant medication (Table 1) in the most recent 45 days and 90 to 135 days ago (identifies chronic therapy).
Exception criteria (numerator):	Candidates who received less than a 60-day supply of the non-stimulant ADHD medication during the last 90-day period. Exclusion: Patients that are currently pregnant.

Performance Indicator #6: Increased Risk of Adverse Cardiovascular Events with Stimulants

Why has this indicator been selected?	Stimulants can increase both blood pressure and heart rate. As a safety precaution, current treatment guidelines recommend obtaining a patient's history of cardiac symptoms and family history of sudden death, cardiovascular symptoms, Wolff-Parkinson-White syndrome, hypertrophic cardiomyopathy and long QT syndrome prior to initiating stimulant therapy.[1] If any symptoms or conditions are present, additional evaluation is recommended. Current product labeling also recommends avoiding stimulant use in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmias, coronary artery disease and other serious heart problems.[9]
Candidates (denominator):	All patients with a history of ADHD (submitted ICD-10 codes) in the last 2 years receiving stimulant therapy (Table 1) in the last 45 days.
Exception criteria (numerator):	Candidates with a history of a comorbid condition (submitted ICD-10 codes) in the last 2 years that places them at risk for an adverse cardiovascular event (Table 2). This is defined as a severity level 1 drug-disease interaction by First Databank.[10]

References

1. Wolraich ML, Hagan JF, Allen C, et al. American Academy of Pediatrics Subcommittee on Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Pediatrics. 2019;144(4):e20192528. Available at: https://pediatrics.aappublications.org/content/144/4/e20192528. Accessed August 27, 2021.
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10. Level 1 Drug-Drug Interactions and Drug-Disease Contraindications. First Databank, Inc., San Francisco, CA.

Table 1. ADHD Medications

Stimulant	Non-Stimulant
• Amphetamine base products • Amphetamine mixed salt products • Amphetamine sulfate • Dexmethylphenidate products • Dextroamphetamine products • Lisdexamfetamine products • Methylphenidate products	• Atomoxetine • Clonidine extended-release • Guanfacine extended-release • Viloxazine

Table 2. ADHD Drug-Disease Interactions[10]

ADHD Drug	Medical Condition
Amphetamine and Lisdexafetamine products	• Cardiac arrhythmia • Cardiomyopathy • Congenital long QT syndrome • Coronary artery disease • Severe arteriosclerotic vascular disease • Structural disorder of the heart
Methylphenidate products	• Cardiac arrhythmia • Cardiomyopathy • Coronary artery disease • Structural disorder of the heart

TEXAS
Health and Human Services

Cecile Erwin Young
Executive Commissioner

<<Date>>

«dea»
«name»
«add1»
«add2»
«add3»

RE: Caring for Patients with Attention-Deficit/Hyperactivity Disorder (ADHD)

Dear Dr. <<Name>>:

Thank you for providing quality care for Texas Fee-For-Service (FFS) Medicaid patients. The content of this letter has been approved by the Texas Drug Utilization Review (DUR) Board, whose function is to promote safe and cost-effective drug therapy and provide opportunities for continuous improvement of care.

This retrospective claims review was designed to assist you in caring for your patients with attention-deficit/hyperactivity disorder (ADHD) and to encourage prudent use of ADHD medications in the Texas Medicaid FFS program based on guidelines from the American Academy of Pediatrics, relevant clinical literature, and the Texas Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th version).[1-6]

- Guidelines for children are available at: https://pediatrics.aappublications.org/content/144/4/e20192528

- The Texas Psychotropic Medication Utilization Parameters for Children and Youth in Texas Behavioral Health is available at: https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/psychiatric/psychotropic-medication-utilization-parameters.pdf

The total Texas Medicaid Fee-For-Service performance indicators for all patients (including those < 18 years) with opportunities for improving the safe and effective use of ADHD medications are shown in the table below.

Total Texas Medicaid FFS Specific Data

ADHD Medication Management Indicator Summary	Number of Opportunities*	
	<18 Years	**≥18 Years**
• ADHD Medication Use without Indication	N/A	35
• Duplicate Therapy with Stimulants	2	1
• Multiple Prescribers of Stimulants	29	4
• Risk of Suicidal Ideation with Selective Norepinephrine Reuptake Inhibitors in Youth	12	N/A
• Nonadherence with Maintenance ADHD Medication	77	21
• Increased Risk of Adverse Cardiovascular Events with ADHD Medications	TBD	TBD

*Based on data through 9/3/2021.

The enclosed patient profiles reflect one or more of the above issues and are provided as a medical record reminder for when your patients return for their next appointments.

We acknowledge that there may be clinical variables influencing an individual patient's management that are not apparent in claims data. However, we believe the issues identified may assist you in caring for your patient(s). It is possible that your license number may have been inadvertently assigned to the claim as an error at the pharmacy during the billing process. **Also, some prescribed medications as well as some recommended laboratory monitoring or physical examinations may not appear on the patient's profile because they may have been privately purchased or were not billable to Medicaid Services.** We thank you for reviewing this information and caring for Texas Medicaid patients, and we welcome the opportunity to discuss any comments or concerns you may have about our quality management program. Please feel free to call our office at 1-866-923-7208 with questions or concerns. If your mailing address is incorrect, it must be updated through the Texas Medical Board online at **http://www.tmb.state.tx.us/page/change-address.**

Sincerely,

Medicaid Drug Use Review Board
Vendor Drug Program H-630

ADHD Medication Management Indicator Summary
Recognize when patients may be using ADHD medications for unapproved indications • Use of ADHD medications only for their respective FDA-approved indications will help ensure safe and effective utilization. Current guidelines do not recommend the use of ADHD medications in patients that do not meet the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for diagnosis, but instead recommend the use of psychosocial treatments.[1] • Risk of stimulant misuse and diversion can also be decreased when an appropriate diagnosis of ADHD is made before prescribing stimulant medications.[1,3,4]
Identify individuals at risk for overutilization or abuse of stimulants • All stimulants have the potential for misuse, diversion, and/or abuse.[1,3,4] Individuals who visit multiple providers and/or receive multiple stimulant products may be obtaining medications for reasons other than therapeutic purposes. Additionally, use of more than one stimulant medication is not generally recognized as synergistic and may increase the risk of adverse effects. • Diversion of stimulants is a special concern among adolescents and young adults. In an effort to decrease these risks, clinicians should regularly assess patients for medication effectiveness and monitor prescription-refill requests for signs of misuse or diversion.[1,3,4] Prescribing non-stimulant medications with a lower abuse potential can also be considered, especially in patients with a history of substance abuse disorder. These include the selective norepinephrine reuptake inhibitors (atomoxetine and viloxazine), extended-release guanfacine, extended-release clonidine, or stimulant medications with a lower abuse potential (i.e., lisdexamfetamine, transdermal methylphenidate, or the osmotic-release oral system [OROS] methylphenidate product Concerta®).[4] • Behavioral therapy can be a useful adjunct to pharmacotherapy in children and adults with ADHD.[1,3] This may also allow for lower doses of stimulants and/or other medications to be utilized (Table 1).
Increase awareness of suicidal ideation risk in youth (6 to 17 years of age) who are receiving selective norepinephrine reuptake inhibitors • Atomoxetine and viloxazine use have been associated with an increased risk of suicidal ideation in short-term studies in children and adolescents with ADHD. It is recommended that patients taking these medications be closely monitored for clinical worsening and/or the emergence of suicidal thoughts and behaviors, especially during the initiation of therapy and during dosage adjustments.[5,6] Clinicians should balance this risk with the clinical need for these medications.
Encourage adherence to maintenance ADHD medication • Medication therapy has been shown to improve symptoms and clinical outcomes in patients with ADHD. Despite these improvements, medication nonadherence and/or discontinuation are still reported by patients with ADHD as a result of medication-related adverse effects, and/or lack of perceived effectiveness.[7] Use of long-acting formulations, once-daily dosing of medications, and dose consolidation (Table 2) can have a positive impact on medication adherence. • Continued therapy is important for patients to realize successful clinical outcomes. This is especially important for non-stimulant medications which are intended for daily use and unlike stimulants, may take several weeks for full clinical benefit to be realized.
Identify individuals who may be at risk for cardiovascular events with stimulant therapy • Stimulants can increase both blood pressure and heart rate. As a safety precaution, current treatment guidelines recommend obtaining a patient's history of cardiac symptoms and family history of sudden death, cardiovascular symptoms, Wolff-Parkinson-White syndrome, hypertrophic cardiomyopathy and long QT syndrome prior to initiating stimulant therapy.[1] If any symptoms or conditions are present, additional evaluation is recommended. • Current product labeling recommends avoiding stimulant use in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmias, coronary artery disease and other serious heart problems.[8]

References:

1. Wolraich ML, Hagan JF, Allen C, et al. American Academy of Pediatrics Subcommittee on Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Pediatrics. 2019;144(4):e20192528. Available at: https://pediatrics.aappublications.org/content/144/4/e20192528. Accessed August 27, 2021.
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9. Texas Medicaid Preferred Drug List, Effective July 29, 2021 Available at: https://www.txvendordrug.com/sites/default/files/docs/formulary/2021-0729-preferred-drug-list.pdf Accessed September 2, 2021.

Table 1: Texas Medicaid Maximum Daily Doses for ADHD Stimulants and Related Agents[2,9]

TX Medicaid Preferred Agents	TX HHS Literature-Based Maximum Daily Dosage
Stimulants	
Adderall XR® (amphetamine salt combination) capsules	Age ≥ 6 yrs, ≤ 50 kg: 30 mg Age ≥ 6 yrs, > 50 kg: 60 mg
amphetamine salt combination IR tablets	Age 3-5 yrs: 30 mg Age ≥ 6 yrs, ≤ 50 kg: 40 mg Age ≥ 6 yrs, > 50 kg: 60 mg
Concerta® (methylphenidate) tablets	Age 3-5 yrs: 36 mg Age ≥ 6yrs: 72 mg
Daytrana® (methylphenidate) patches	Age 3-5 yrs: 20 mg Age ≥ 6 yrs: 30 mg
dexmethylphenidate IR tablets	50 mg
dextroamphetamine IR tablets	Age 3-5 yrs: 30 mg Age ≥ 6 yrs, ≤ 50 kg: 40 mg Age ≥ 6 yrs, > 50 kg: 60 mg
Dyanavel® XR (amphetamine) suspension	20 mg
Focalin® XR (dexmethylphenidate) capsules	50 mg
Jornay® PM (methylphenidate ER) capsules	100 mg

TX Medicaid Preferred Agents	TX HHS Literature-Based Maximum Daily Dosage
Methylin® (methylphenidate) solution	Age 3-5 yrs: 22.5 mg Age ≥ 6 yrs, ≤ 50 kg: 60 mg Age ≥ 6 yrs, > 50 kg: 100 mg
methylphenidate IR tablets	
Quillichew® ER (methylphenidate) chewable tablets	
Quillivant® XR (methylphenidate) oral suspension	
Vyvanse® (lisdexamfetamine) capsules	70 mg
Vyvanse® (lisdexamfetamine) chewable tablets	70 mg
Non-Stimulants	
atomoxetine capsules	1.8 mg/kg/day or 100 mg*
guanfacine ER	Age 6-12 yrs: 4 mg Age 13-17 yrs: 7 mg

*Whichever dose is less

Table 2: Dose Consolidation for PDL Extended-Release Stimulants[9]

TX Medicaid Preferred Agents			
Drug	**Taking 2 Units per Day**	**=>**	**Consolidated Dose**
Adderall XR® (amphetamine salt combination) capsules	5 mg, 10 mg, 15 mg	=>	10 mg, 20 mg, 30 mg
Concerta® (methylphenidate) tablets	18 mg, 27 mg	=>	36 mg, 54 mg
Daytrana® (methylphenidate) patch	10 mg, 15 mg	=>	20 mg, 30 mg
Focalin XR® (dexmethylphenidate ER) capsules	5 mg, 10 mg, 15 mg, 20 mg	=>	10 mg, 20 mg, 30 mg, 40 mg
Jornay® PM (methylphenidate) capsules	20 mg, 40 mg	=>	40 mg, 80 mg
Quillichew® ER (methylphenidate) chewable tablets	20 mg	=>	40 mg
Vyvanse® (lisdexamfetamine) capsules/chewable tablets	10 mg, 20 mg, 30 mg	=>	20 mg, 40 mg, 60 mg

External Messages

Flag	Internal Messages	External Messages
116084	Nonadherence: Non-Stimulant ADHD Medication	Nonadherence - Non-Stimulant ADHD Medication: According to submitted pharmacy and medical claims, your patient with attention-deficit/hyperactivity disorder (ADHD) may be nonadherent with their chronic non-stimulant ADHD drug therapy. Prescription data suggests your patient received less than 60 days of maintenance therapy in a 90-day period. Unlike stimulants, non-stimulant medications can take several weeks for full clinical benefit to be realized and successful clinical outcomes are more likely to occur with continuous use. Please review this information to determine the best course of action for your patient.
116102	ADHD: SNRI Use & Risk of Suicidal Ideation	ADHD: SNRI Use & Risk of Suicidal Ideation: According to submitted pharmacy and medical claims, it appears your patient with attention-deficit/hyperactivity disorder (ADHD) received a selective norepinephrine reuptake inhibitor (SNRI) and has a history indicating an increased risk for suicidal ideation or behavior. Official prescribing information for atomoxetine and viloxazine contain boxed warnings regarding increased risk of suicidal thoughts and behavior in pediatric and adolescent patients. It is recommended that patients taking these medications be closely monitored for clinical worsening and/or the emergence of suicidal thoughts and behaviors, especially during the initiation of therapy and during dosage changes. Please evaluate the risks and benefits in your patient and consider an alternative agent if appropriate.
116150	Use of an ADHD Medication in Patients without ADHD	Use of an ADHD Medication in Patients without ADHD: According to submitted pharmacy and medical claims, it appears your patient has received a medication indicated for attention-deficit/hyperactivity disorder (ADHD) but does not have a diagnosis for that disorder. While such off-label use may be intentional, incorporating behavioral therapy and/or using a medication FDA-approved for your patient's disorder may be safer and provide better efficacy. Additionally, the risk of stimulant misuse and diversion can be decreased when the appropriate diagnosis of ADHD is made before prescribing stimulant medications. Please review the use of these medications, and if appropriate, consider alternative therapy.
116151	Duplicate Stimulant Therapy, >1 Prescriber	Duplicate Stimulant Therapy, >1 Prescriber: According to submitted pharmacy and medical claims, it appears your patient with attention-deficit/hyperactivity disorder (ADHD) has received more than one stimulant concurrently from more than 1 prescriber. Use of more than one stimulant is not generally recognized as synergistic and is usually not indicated. The risk of adverse events from unintentional duplicate stimulant therapy is significant. There is also concern as to whether your patient has informed you that there are other prescribers for their stimulant therapy. Please review the need for this combination of medications and discontinue one of the agents if appropriate.
116152	Duplicate Stimulant Therapy, 1 Prescriber	Duplicate Stimulant Therapy, 1 Prescriber: According to submitted pharmacy and medical claims, it appears your patient with attention-deficit/hyperactivity disorder (ADHD) has received more than one stimulant concurrently. Use of more than one stimulant is not generally recognized as synergistic and is usually not indicated. Using this combination may increase the risk of adverse events and may decrease overall adherence with the prescribed regimen. Please review the need for this combination of medications and discontinue one of the agents if appropriate.

External Messages

Flag	Internal Messages	External Messages
116153	Stimulant Therapy with Multiple Prescribers	Stimulant Therapy with Multiple Prescribers: According to submitted pharmacy claims, it appears your patient with attention-deficit/hyperactivity disorder (ADHD) has received prescriptions for stimulants from multiple prescribers. Although your patient may have a clinical indication for these medications, there is concern about coordination of care and the potential for misuse. Please review the use of these medications, and if appropriate, discuss with your patient.