ADHD and Narcolepsy Drug Therapy

Benefits determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the attention deficit hyperactivity disorder (ADHD) and Narcolepsy Prior Authorization (PA) program is to ensure appropriate therapy selection according to the Food and Drug Administration (FDA)-approved product labeling and/or clinical guidelines and/or clinical trials and to direct use to more cost-effective generic agents as appropriate.

POLICY

Criteria for Initial Approval

I. The long-acting stimulant agents, Adderall XR, Aptensio XR, Concerta, Focalin XR, Metadate CD, Metadate ER, Ritalin LA, and generic equivalents, may be considered medically necessary for the treatment of narcolepsy or hypersomnia when confirmed by a sleep study.

Approval will be for lifetime.

II. The long-acting stimulant agents, Adderall XR, Aptensio XR, Concerta, Focalin XR, Metadate CD, Metadate ER, Mydayis, Ritalin LA, and generic equivalents, may be considered medically necessary for the treatment of ADHD when the following criteria are met:

- Patient must have tried and failed at least TWO immediate acting formulary alternatives unless the member is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs). Treatment failure cannot be caused by a lack of compliance to therapy or the unwillingness to take an immediate acting formulary alternative; OR
- The patient is 19 years of age or younger and attending school which limits the ability to administer the requested medication more than once a day

Approval will be for lifetime.

III. Vyvanse (capsules and chewables) may be considered medically necessary for the treatment of ADHD when one of the following criteria is met:

- The patient must have tried and failed at least TWO generically available immediate acting stimulant medications with different active ingredients unless the member is currently receiving a positive therapeutic outcome on Vyvanse through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs). Treatment failure cannot be
caused by a lack of compliance to therapy or the unwillingness to take an immediate acting formulary alternative; OR

• The patient is 19 years of age or younger and attending school which limits the ability to administer the requested medication more than once a day

Approval will be for lifetime.

IV. Vyvanse (capsules and chewables) may be considered medically necessary for the treatment of severe binge eating disorder when the following criteria is met:

For initial requests

• The patient must have a diagnosis of moderate to severe binge eating disorder as defined by DSM-5 criteria AND tried and failed or have a contraindication to one prerequisite agent (e.g. citalopram, escitalopram, sertraline, topiramate, zonisamide) unless the member is currently receiving a positive therapeutic outcome on Vyvanse through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs); OR

For continuation of therapy requests

• There must be documentation of a positive clinical response (e.g., meaningful reduction in the number of binge eating episodes or binge days per week from baseline, improvement in the signs and symptoms of binge eating disorder) to therapy with Vyvanse

Approval will be for 12 months

V. Daytrana may be considered medically necessary for the treatment of ADHD when the following criteria is met:

• Patient must have a medical condition that prevents them from taking oral medications; OR

• Patient must have tried and failed a therapeutic trial of at least TWO appropriately dosed and administered long acting stimulants with one being a long acting oral formulation of methylphenidate unless the member is currently receiving a positive therapeutic outcome on Daytrana through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs)

Approval will be for 12 months.

VI. Quillivant XR, QuilliChew ER, and Cotempla XR may be considered medically necessary for the treatment of ADHD when ALL of the following criteria are met:

• Patient must be unable to swallow an intact capsule or tablet; AND

• Patient must have tried and failed or have a medical reason to explain why they are unable to swallow contents of immediate acting alternatives when contents are crushed and sprinkled on soft food or liquid unless the member is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs) OR the patient is 19 years of age or younger and attending school which limits the ability to administer the requested medication more than once a day; AND

• Patient must have tried and failed or have a medical reason to explain why they are unable to swallow contents of at least one long acting capsules (Adderall XR, Focalin XR, Metadate CD) when the capsules are opened and the contents are sprinkled on soft food or liquid without crushing or chewing the capsules or the granules unless the member is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs).
VII. Adzenys XR-ODT and Dyanavel XR may be considered **medically necessary** for the treatment of ADHD when ALL of the following criteria is met:

- The patient is 6 years of age or older
- Patient must be unable to swallow an intact capsule or tablet
- Patient must have tried and failed or have a medical reason to explain why they are unable to swallow contents of immediate acting alternatives, immediate release mixed Amphetamine salt, immediate release Dextroamphetamine, and immediate release Methylphenidate, when contents are crushed and sprinkled on soft food or liquid unless the member is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs) OR the patient is 19 years of age or younger and attending school which limits the ability to administer the requested medication more than once a day
- Patient must have tried and failed or have a medical reason to explain why they are unable to swallow contents of at least one long acting capsules (Adderall XR, Focalin XR, Metadate CD) when the capsules are opened and the contents are sprinkled on soft food or liquid without crushing or chewing the capsules or the granules unless the member is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs).

**Approval** will be for **12 months**.

VIII. Evekeo may be considered **medically necessary** for the treatment of ADHD when ALL of the following criteria is met:

- The patient is 3 years of age or older
- The patient must have tried and failed ALL of the following unless the member is currently receiving a positive therapeutic outcome on Evekeo through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs):
  - Immediate release mixed Amphetamine salt (Adderall)
  - Immediate release Dextroamphetamine (Dexedrine)
  - Immediate release Methylphenidate (Ritalin) if individual is aged 6 and above

**Approval** will be for **lifetime**.

IX. Evekeo may be considered **medically necessary** for the treatment of Narcolepsy when ALL of the following criteria is met:

- The patient is 6 years of age or older
- The patient must have tried and failed ALL of the following unless the member is currently receiving a positive therapeutic outcome on Evekeo through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs):
  - Immediate release mixed Amphetamine salt (Adderall)
  - Immediate release Dextroamphetamine (Dexedrine)
  - Immediate release Methylphenidate (Ritalin)

**Approval** will be for **lifetime**.

X. Nuvigil (armodafinil) and Provigil (modafinil) may be considered **medically necessary** for patients 16 years of age and older for the treatment of the following:
• EDS and/or fatigue associated with Multiple Sclerosis
• EDS and/or fatigue associated with Parkinson’s Disease

**Approval** will be for **lifetime**.

**XI.** Nuvigil (armodafinil) and Provigil (modafinil) may be considered **medically necessary** for the treatment of excessive sleepiness due to Shift Work Disorder (SWD) when the following criteria is met:

- Diagnosis is confirmed by one of the following:
  - A sleep study that demonstrates loss of a normal sleep-wake pattern
  - Patient has had chronic excessive sleepiness or insomnia that is temporally associated with a work period (usually night work) that occurs during the habitual sleep phase
- Patient does not have any unmanaged conditions that are contributing to excessive sleepiness
- Excessive sleepiness has caused significant distress and/or significant impairment at work for at least 3 months

**Approval** will be for **12 months**.

**XII.** Nuvigil (armodafinil) and Provigil (modafinil) may be considered **medically necessary** for patients 16 years of age and older for the treatment of excessive daytime sleepiness associated with Obstructive Sleep Apnea (OSA), also referred to as Obstructive Sleep Apnea/Hypopnea Syndrome or OSAHS, when the following criteria is met:

- Diagnosis has been confirmed by a sleep study
- The patient is using AND adherent with continuous positive airway pressure (CPAP) therapy
- Excessive sleepiness has caused significant impairment in activities of daily living

**Approval** will be for **12 months**.

**XIII.** Nuvigil (armodafinil) and Provigil (modafinil) may be considered **medically necessary** for patients 16 years of age and older for the treatment of excessive daytime sleepiness (EDS) with narcolepsy when the following criteria is met:

- Diagnosis has been confirmed by a sleep study

**Approval** will be for **12 months**.

**XIV.** Nuvigil (armodafinil) and Provigil (modafinil) may be considered **medically necessary** for patients 16 years of age and older for the treatment of idiopathic hypersomnolence (IH) when **ALL** of the following criteria are met:

- The prescribing physician is a board certified sleep medicine specialist or neurologist
- The diagnosis is confirmed by nocturnal polysomnography and multiple sleep latency test (MSLT)
- Patient does not have any unmanaged conditions that are contributing to excessive sleepiness
- Patient is not taking any medications that cause excessive daytime sleepiness
- The patient must have tried and failed at least one stimulant medication; OR have an allergy, contraindication, or intolerance to standard stimulant therapy unless the member is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer’s patient assistance programs)

**Approval** will be for **12 months**.
XV. Xyrem (sodium oxybate) may be considered **medically necessary** for patients 18 years of age and older for the treatment of cataplexy associated with narcolepsy when **ALL** of the following criteria are met:

- The prescribing physician is a board certified sleep medicine specialist or neurologist
- The patient and physician must be enrolled in the Xyrem REMS Program
- Diagnosis must be confirmed by a sleep study (documentation required)
- Patient is NOT being treated with any sedative hypnotic agents (e.g., benzodiazepines, barbiturates, zolpidem)
- The dose does not exceed 9gm/day

**Approval** will be for **12 months**.

XVI. Xyrem (sodium oxybate) may be considered **medically necessary** for patients 18 years of age and older for the treatment of excessive daytime sleepiness associated with narcolepsy when **ALL** of the following criteria are met:

- The prescribing physician is a board certified sleep medicine specialist or neurologist
- The patient and physician must be enrolled in the Xyrem REMS Program
- Diagnosis must be confirmed by a sleep study (documentation required)
- The patient experienced an inadequate treatment response or intolerance, or have a contraindication to at least one CNS stimulant drug (e.g., amphetamine, dextroamphetamine, or methylphenidate) and one CNS promoting wakefulness drug (e.g., modafinil, armodafinil) unless the member is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer's patient assistance programs)
- Patient is NOT being treated with any sedative hypnotic agents (e.g., benzodiazepines, barbiturates, zolpidem)
- The dose does not exceed 9gm/day

**Approval** will be for **12 months**.

XVII. The agents in this policy are considered **not medically necessary** for patients who do not meet the criteria set forth above.

**Continuation of Therapy**
All members (including new members) requesting authorization for continuation of therapy must meet **ALL** initial authorization criteria.

The request for continuation of Xyrem (sodium oxybate) may be considered medically necessary when **ALL** initial authorization criteria is met AND the patient must have experienced a decrease in daytime sleepiness with narcolepsy or a decrease in cataplexy episodes with narcolepsy.
Quantity limits apply

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>FDA Recommended Maximum Dose/24 hours</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adzensys XR-ODT</strong></td>
<td>amphetamine</td>
<td>18.8 mg for patients 6 to 12 yrs&lt;br&gt;12.5 mg for patients 13 to 17 yrs</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td>9.4mg, 12.5mg, 15.7mg, 18.8mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adzensys XR-ODT</strong></td>
<td>amphetamine</td>
<td>18.8 mg for patients 6 to 12 yrs&lt;br&gt;12.5 mg for patients 13 to 17 yrs</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td>3.1mg, 6.3mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Daytrana Patch</strong></td>
<td>Methylphenidate</td>
<td>30 mg/9hr</td>
<td>1 patch per day</td>
</tr>
<tr>
<td><strong>Dyanavel XR</strong></td>
<td>Amphetamine extended release suspension</td>
<td>20mg</td>
<td>20mg (8mL) per day</td>
</tr>
<tr>
<td><strong>Evekeo 5mg</strong></td>
<td>Amphetamine</td>
<td>60mg</td>
<td>3 tablets per day</td>
</tr>
<tr>
<td><strong>Evekeo 10mg</strong></td>
<td>Amphetamine</td>
<td>60mg</td>
<td>6 tablets per day</td>
</tr>
<tr>
<td><strong>Intuniv 1mg, 2mg, 4mg</strong></td>
<td>Guanfacine</td>
<td>7mg</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td><strong>Intuniv 3mg</strong></td>
<td>Guanfacine</td>
<td>7mg</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td><strong>Mydayis</strong></td>
<td>Dextroamphetamine and Amphetamine</td>
<td>12.5mg, 25mg, 37.5mg, 50mg</td>
<td>1 capsule per day</td>
</tr>
<tr>
<td><strong>Nuvigil</strong></td>
<td>Armodafanil</td>
<td>250mg</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td><strong>Provigil</strong></td>
<td>Modafanil</td>
<td>400mg</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td><strong>QuilliChew ER 20mg, 40mg</strong></td>
<td>Methylphenidate chewable tablet</td>
<td>60mg</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td><strong>QuilliChew ER 30mg</strong></td>
<td>Methylphenidate chewable tablet</td>
<td>60mg</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td><strong>Quillivant XR oral suspension</strong></td>
<td>Methylphenidate extended release suspension</td>
<td>60mg</td>
<td>60mg (12mL) per day</td>
</tr>
<tr>
<td><strong>Strattera 10mg, 18mg, 25mg, 40mg, 60mg</strong></td>
<td>atomoxetine</td>
<td>100mg</td>
<td>2 tablets per day</td>
</tr>
<tr>
<td><strong>Strattera 80mg, 100mg</strong></td>
<td>atomoxetine</td>
<td>100mg</td>
<td>1 tablet per day</td>
</tr>
<tr>
<td><strong>Xyrem</strong></td>
<td>Sodium oxybate</td>
<td>9gm</td>
<td>9gm (18mL) per day</td>
</tr>
</tbody>
</table>

**CLINICAL RATIONALE**

**ADHD**
suggests that the two stimulant types, methylphenidate or amphetamine, are equally efficacious in the treatment of ADHD and either would be appropriate choices when initiating therapy. Non-stimulant ADHD medications, Intuniv, Kapvay, and Strattera, have demonstrated some efficacy in reducing ADHD symptoms but the evidence supporting their use and effects on reducing symptoms is smaller than that for stimulants. Subsequently, non-stimulant medications are generally recommended as second-line therapies for treating ADHD, after one or more stimulant medications have failed.

The decision regarding the initial pharmacologic treatment of ADHD is based on several factors including the different adverse effects of each agent, compliance issues, potential drug diversion and/or misuse, and the presence of comorbid conditions. A non-stimulant medication may be considered as a first line agent for individuals with an active substance abuse problem.

Extended-release formulations are available for many ADHD medications, decreasing some of the difficulties associated with multiple daily dosing such as compliance and the social stigma and inconvenience of taking medications while in school. If a long acting agent is desired and the patient has difficulties swallowing capsules and tablets, there are alternative agents available that allow you to open the capsule and sprinkle contents on food or liquid as long as granules are not chewed (Adderall XR, Focalin XR, Metadate CD).

Daytrana (methylphenidate transdermal system) has been shown to be effective for improving ADHD symptoms in children and adolescents but has not demonstrated clinical superiority over already available oral medications for ADHD. After methylphenidate is absorbed through the skin by the topical patch, there is no difference in the action of the medication than had it been taken orally. The primary cause of stimulant-induced anorexia is due to the medication's effect on the central nervous system (CNS) and is not related to gastrointestinal absorption or irritation of the gastrointestinal tract. Daytrana and all oral stimulant medications affect the CNS regardless of the route of administration.

**Adult ADHD**

Attention Deficit/Hyperactivity Disorder (ADHD) was once recognized as a disorder affecting only children. Over time, experts discovered that ADHD should be recognized and treated as a chronic illness that can last through adolescence and into adulthood. As many as 30% to 70% of children with ADHD may continue to experience symptoms as an adult. According to the National Health Institute, ADHD is present in approximately 4.1% of the U.S. adult population, or 8 million adults, with 41.3% of diagnosed adults classified as having severe symptoms. This is equal to approximately 1.7% of the total U.S. adult population.

The medications used in the treatment of children and adolescents with ADHD are the same for adults. The standard of care for adults has evolved largely from studies in children. There are currently no established clinical guidelines in the United States that address the treatment of ADHD in adults. The American Academy of Pediatrics (AAP) Clinical Practice Guidelines for the treatment of children and adolescents with ADHD consider stimulants as first-line agents in the treatment of ADHD. The U.K. National Institute for Health and Clinical Excellence (NICE) have specific clinical guidelines for adults with ADHD that recommend methylphenidate be used first-line.

Immediate-release formulations of stimulants last 3-6 hours and require multiple daily doses (2-3 daily doses) to manage symptoms. The decreased dosing frequency of the longer-acting agents add convenience and more continuous coverage for patients that are noncompliant. Long-acting, once daily formulations are considered a dosing form of convenience for the adult population due to a lower risk of social stigma compared to that of school-aged children unless they are medically necessary for reasons other than the comfort and convenience of the patient.

**Narcolepsy and Hypersomnia**
Many of the stimulant agents used for the treatment of ADHD also have FDA-approved labeling for the treatment of narcolepsy. A consensus statement by the American Academy of Sleep Medicine recommends modafinil, sodium oxybate, amphetamine, methamphetamine, dextroamphetamine, methylphenidate, and selegiline for the treatment of sleepiness associated with narcolepsy.

Idiopathic hypersomnia (IH) is a diagnosis of exclusion, applied to patients who are excessively sleepy, have difficulty arousing from sleep, and wake without feeling refreshed. The etiology of IH is largely unknown; diagnosis is made through a thorough history and exclusion of other sleep disorders by nocturnal polysomnography and multiple sleep latency test (MSLT). The AASM practice parameters considered modafinil an option for the treatment of IH. The authors, however, define option as “a patient-care strategy that reflects uncertain clinical use”. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion. AASM lists the following other treatment options for IH: amphetamine, methamphetamine, dextroamphetamine and methylphenidate, all considerably more cost-effective than armodafinil and modafinil. A retrospective study found that methylphenidate is chosen more often than modafinil as the final monotherapy in treatment of IH, despite the fact it is less commonly used initially. The same study demonstrated a higher percentage of complete and partial responses for patients who received methylphenidate compared to modafinil, although statistical significance was not reached.

Continuous positive airway pressure (CPAP) is the gold standard treatment for patients with OSA, and thus, a maximal effort to treat with CPAP for an adequate period of time should be made prior to initiating modafinil or armodafinil. Both agents should be used adjunctively with CPAP, and not as monotherapy. Ongoing education and emphasis relating to the importance of CPAP therapy along with periodic assessment of CPAP adherence is essential for the effective treatment of OSA.

Given their wakefulness promoting properties, modafinil and armodafinil have been proposed for and used off-label for the treatment of several indications. While the majority of off-label data involves the use of modafinil, armodafinil as the R-enantiomer of modafinil, is generally anticipated to confer similar results.

AASM practice parameters are supportive of modafinil for the treatment of fatigue associated with multiple sclerosis (MS) providing it with a guideline level recommendation. Limited options, other than amantadine, are available for this patient population. The American Academy of Neurology (AAN), in its 2010 practice parameters for treatment of nonmotor symptoms of Parkinson disease, provided a Level A recommendation for modafinil to improve patients perception of EDS.

Modafinil is not indicated for children under the age of 16 years old, while armodafinil is not indicated for children under the age of 17. Serious rash, including Stevens-Johnson Syndrome, requiring hospitalization and discontinuation of treatment has been reported in children with the use of modafinil (and both modafinil and armodafinil in adults). Several cases of the rashes were associated with fever, vomiting and other abnormalities, such as leukopenia. Labeling for both products make clear that neither are approved for pediatric patients for any indication, including ADHD.

The recommended dose of modafinil is 200mg given once a day. For patients with narcolepsy and OSA, modafinil should be taken as a single dose in the morning. For patients with shift work sleep disorder (SWSD), Modafinil should be taken approximately 1 hour prior to the start of their shift. Doses up to 400mg/day, given as a single dose have been well tolerated, but there is no consistent evidence that this dose confers additional benefit beyond that of the 200mg dose.

The recommended dose of armodafinil is 150 mg or 250 mg given as a single daily dose in the morning. In patients with OSA, doses up to 250 mg/day, given as a single dose, have been well tolerated, but there is no consistent evidence that this dose confers additional benefit beyond that of the 150 mg/day dose.
The recommend dose of Xyrem (sodium oxybate) is 9gm per night divided into two equal doses. The efficacy and safety of Xyrem at doses higher than 9gm per day have not been evaluated.

**Binge Eating Disorder**

According to the American Psychiatric Association guidelines, there is substantial evidence that suggests that treatment with antidepressant medications, particularly the SSRIs citalopram, escitalopram, and sertraline (Grade A), are associated with at least a short-term reduction in binge eating behavior. Topiramate and zonisamide are also stated to be effective for binge reduction but can also cause side effects.

In 2015, the FDA approved Vyvanse for the treatment of moderate to severe binge-eating disorder (BED). The efficacy of Vyvanse in the treatment of B.E.D. was demonstrated in two 12-week randomized, double-blind, multi-center, parallel-group, placebo-controlled, dose-optimization studies in adults aged 18 to 55 years (Study 1: N=374, Study 2: N=350) with protocol-defined moderate to severe B.E.D. (severity was defined as having at least 3 binge days per week for 2 weeks prior to the baseline visit and a Clinical Global Impression Severity score of ≥4 at baseline). The primary efficacy outcome for the two studies was defined as the change from baseline at week 12 in the number of binge days per week. Baseline is defined as the weekly average of the number of binge days per week for the 14 days prior to the baseline visit. Subjects from both studies on Vyvanse had a statistically significant greater reduction from baseline in mean number of binge days per week. Similar results were seen in study 2.

The essential feature of binge-eating disorder is recurrent episodes of binge eating that must occur, on average, at least once a week for 3 months. The level of severity is based on the frequency of episodes of binge eating, moderate is defined as 4-7 episodes per week and severe as 8-13 episodes per week. Binge-eating disorder appears to be relatively persistent, and the course is comparable to that of bulimia nervosa in terms of severity and duration; it may be chronic or intermittent, with periods of remission alternating with recurrences of binge eating. A patient is considered to be in partial remission if after full criteria for binge-eating disorder were previously met, binge eating occurs at an average frequency of less than one episode per week for a sustained period of time; and in full remission if after full criteria for binge-eating disorder were previously met, none of the criteria have been met for a sustained period of time. Over longer-term follow-up, the symptoms of many individuals appear to diminish with or without treatment, although treatment clearly impacts outcome. Vyvanse should be discontinued if binge eating does not improve.

**Appendix A: Medication that can cause excessive daytime sleepiness**

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Generic/Chemical Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedative Hypnotics</td>
<td>Chloral Hydrate</td>
<td>Somnote</td>
</tr>
<tr>
<td></td>
<td>Eszopiclone</td>
<td>Lunesta</td>
</tr>
<tr>
<td></td>
<td>Ramelteon</td>
<td>Rozerem</td>
</tr>
<tr>
<td></td>
<td>Suvorexant</td>
<td>Belsomra</td>
</tr>
<tr>
<td></td>
<td>Tasimelteon</td>
<td>Hetliz</td>
</tr>
<tr>
<td></td>
<td>Zaleplon</td>
<td>Sonata</td>
</tr>
<tr>
<td></td>
<td>Zolpidem</td>
<td>Ambien IR, Ambien ER, Edluar, Intermezzo, Zolpimist</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Butabarbital</td>
<td>Butisol</td>
</tr>
<tr>
<td></td>
<td>Phenobarbital</td>
<td>Seconal</td>
</tr>
<tr>
<td></td>
<td>Secobarbital</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Alprazolam</td>
<td>Xanax</td>
</tr>
<tr>
<td></td>
<td>Clonazepam</td>
<td>Klonopin</td>
</tr>
<tr>
<td></td>
<td>Chlordiazepoxide HCl</td>
<td>Librium</td>
</tr>
</tbody>
</table>

Wellmark Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. © 2018 Wellmark, Inc.
<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Generic/Chemical Name</th>
<th>Brand Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clorazepate</td>
<td>Tranxene-T</td>
</tr>
<tr>
<td></td>
<td>Lorazepam</td>
<td>Ativan</td>
</tr>
<tr>
<td></td>
<td>Diazepam</td>
<td>Valium</td>
</tr>
<tr>
<td></td>
<td>Flurazepam</td>
<td>Dalmane</td>
</tr>
<tr>
<td></td>
<td>Estazolam</td>
<td>Prosm</td>
</tr>
<tr>
<td></td>
<td>Quazepam</td>
<td>Doral</td>
</tr>
<tr>
<td></td>
<td>Temazepam</td>
<td>Restoril</td>
</tr>
<tr>
<td></td>
<td>Triazolam</td>
<td>Halcon</td>
</tr>
<tr>
<td>Skeletal Muscle</td>
<td>Baclofen</td>
<td>Soma</td>
</tr>
<tr>
<td>Relaxants</td>
<td>Carisoprodol</td>
<td>Lorzone, Parafon Forte</td>
</tr>
<tr>
<td></td>
<td>Chlorzoxazone</td>
<td>Flexeril</td>
</tr>
<tr>
<td></td>
<td>Cyclobenzaprine</td>
<td>Zanaflex</td>
</tr>
<tr>
<td></td>
<td>Tizantidine</td>
<td>Skelaxin</td>
</tr>
<tr>
<td></td>
<td>Metaxalone</td>
<td>Robaxin</td>
</tr>
<tr>
<td></td>
<td>Methocarbamol</td>
<td>Norflex</td>
</tr>
<tr>
<td>Opioids</td>
<td>Fentanyl</td>
<td>Actiq, Duragesic, Fentora, Lazanda, Subsys</td>
</tr>
<tr>
<td></td>
<td>Hydrocodone Bitartrate</td>
<td>Hycet, Lor cet, Lortab, Norco, Vicodin, Zohydro ER</td>
</tr>
<tr>
<td></td>
<td>Hydromorphone HCl</td>
<td>Dilaudid, Exalgo</td>
</tr>
<tr>
<td></td>
<td>Meperidine HCl</td>
<td>Demerol</td>
</tr>
<tr>
<td></td>
<td>Methadone HCl</td>
<td>Dolophine</td>
</tr>
<tr>
<td></td>
<td>Morphine sulfate</td>
<td>Avinza, Kadian, MS Contin</td>
</tr>
<tr>
<td></td>
<td>Oxycodone HCl</td>
<td>Percocet, Oxy con tin, Roxicet, Roxicodone, Zartemis XR</td>
</tr>
<tr>
<td></td>
<td>Oxymorphone HCl</td>
<td>Opana</td>
</tr>
<tr>
<td></td>
<td>Tapentadol</td>
<td>Nucynta, Nucynta ER</td>
</tr>
</tbody>
</table>
*This is not intended to be an all inclusive list*

Appendix B: Contraindications

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Labeled Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall, Adderall XR</td>
<td>Advanced arteriosclerosis</td>
</tr>
<tr>
<td>(amphetamine/</td>
<td>Symptomatic cardiovascular disease</td>
</tr>
<tr>
<td>dextroamphetamine);</td>
<td>Moderate to severe hypertension</td>
</tr>
<tr>
<td>Desoxyn (methylamphetamine);</td>
<td>Hyperthyroidism</td>
</tr>
<tr>
<td>Dexedrine, Procentra,</td>
<td>Agitated states</td>
</tr>
<tr>
<td>Zenzedi (dextroamphetamine)</td>
<td>History of drug abuse</td>
</tr>
<tr>
<td></td>
<td>During or within 2 weeks following the administration of monoamine oxidase inhibitors (MAOI)</td>
</tr>
<tr>
<td></td>
<td>Known hypersensitivity or idiosyncrasy to the sympathomimetic amines</td>
</tr>
<tr>
<td>Aptensio XR, Concerta,</td>
<td>Marked anxiety, tension, or agitation</td>
</tr>
<tr>
<td>Daytrana, Metadate CD,</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>Metadate ER, Quillivant XR,</td>
<td>Tics or a family history or diagnosis of Tourette's syndrome</td>
</tr>
<tr>
<td>Ritalin/ Ritalin LA</td>
<td>Patients currently using or within 2 weeks of using an MAO inhibitor</td>
</tr>
<tr>
<td>(methylphenidate); Focalin,</td>
<td>Known hypersensitivity to methylphenidate</td>
</tr>
<tr>
<td>Focalin XR (dexam thylphenidate)</td>
<td></td>
</tr>
<tr>
<td>Vyvanse (lisdexamfetamine)</td>
<td>Use with monoamine oxidase (MAO) inhibitor, or within 2 weeks of the last MAO inhibitor dose</td>
</tr>
<tr>
<td></td>
<td>Known hypersensitivity to amphetamine products or other ingredients in Vyvanse</td>
</tr>
</tbody>
</table>

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.
REFERENCES

• Kollins SH. Abuse liability of medications used to treat attention-deficit/hyperactivity disorder (ADHD). Am J Addict. 2007;16(suppl 1):35–42.
• Nuvigil (armodafinil) [package insert], Frazer, PA; Cephalon, Inc., June 2013.
POLICY HISTORY

Policy #: 05.01.82
Policy Creation: August 2015
Reviewed: July 2018
Revised: July 2018
Current Effective Date: September 20, 2018