Stimulants for treatment of Attention Deficit Hyperactivity Disorder (ADHD) generally increase neurotransmitters, dopamine & norepinephrine, in the brain by various mechanisms. These medications improve concentration and impulse control. Stimulants are classified as Control II substances by the FDA and are at high risk of abuse or diversion.

**Recommended authorization criteria**

**FDA-Approved Indications and**

**Initial Authorization Criteria for the following age groups:**

For members under 4 years of age:

1. Must have one of the following diagnoses:
   a. Attention Deficit Hyperactivity Disorder (ADHD)\(^1,2\)
   b. Autism\(^3\)
   c. Brain Injury\(^4\)
   d. History of cancer effecting the brain\(^4\) (examples include acute lymphoblastic leukemia (ALL), malignant brain tumors, etc.)

   **AND**

2. Must be prescribed by a pediatric neurologist, child and adolescent psychiatrist, pediatric hematologist/oncologist or child development pediatrician.

   **AND**

3. Must have chart documented evidence of a comprehensive evaluation by the prescriber or in consultation with the prescriber.
For members age 18 and older:

1. Must have one of the following diagnoses:
   a. Attention deficit hyperactivity disorder (ADHD)
      i. Documentation of ADHD screening is required for members who are new starts on a stimulant.
      ii. Members who are started on a stimulant as a childer under the age of 18 are allowed to continue treatment.
   b. Autism
   c. Narcolepsy confirmed by sleep study

AND

2. Must submit documentation of one of the following if the member has an additional diagnosis of co-morbid substance dependency/abuse:
   a. Enrollment in a substance dependency treatment program
   b. Recent negative urine drug screen

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorizations may be extended at one-year intervals based upon documentation from the provider that the member’s condition has improved based upon the prescriber’s assessment while on therapy.

Exclusions (Limitations)

Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.