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 [discontinued 12/2023])
- Onyda™ XR (clonidine hydrochloride extended-release oral suspension – Tris)
- Strattera® (atomoxetine capsules – Lilly, generic)
- Qelbree® (viloxazine extended-release capsules – Supernus)

REVIEW DATE: 06/04/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

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.[1-5]

- 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.[6-8]

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.[9] 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.[10] 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.

DOSING AND DOSAGE FORMS

The choice of formulation depends on factors such as the efficacy of each agent for a given child/adolescent, the preferred length of coverage time, whether a child can swallow tablets or capsules, and expense.[9] Many of the extended-release (ER) stimulant medications for the treatment of ADHD are available as capsules: amphetamine/dextroamphetamine ER capsules (Adderall XR, generic; Mydayis, generic), dexmethylphenidate ER capsules (Focalin XR, generic), lisdexamfetamine capsules (Vyvanse, generic), and methylphenidate ER capsules (Metadate CD, generic; Ritalin LA, generic; Adhansia XR; Aptensio XR). According to the prescribing information, the capsules may be taken whole, or opened and the entire contents sprinkled on applesauce.[11-16] Patients should take the applesauce with sprinkled beads in its entirety without chewing. Of note, generic atomoxetine capsules must be swallowed whole.[1]

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.

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), Onyda XR, Qelbree

Attention Deficit Hyperactivity Disorder Non-Stimulant Medications Step Therapy Policy **product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.**

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 or Onyda XR.

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; January 2025.
5. Onyda™ XR extended-release oral suspension [prescribing information]. Monmouth Junction, NJ: Tris; April 2025.
6. Clinical Pharmacology [database online]. Elsevier, Inc.; 2025. Available at https://www.clinicalkey.com/pharmacology/. Accessed on June 2, 2025. Search terms: amphetamine, methylphenidate, and lisdexamfetamine.
7. Concerta® extended-release tablets [prescribing information]. Titusville, NJ: Janssen; October 2023.
8. Adderall XR® extended-release capsules [prescribing information]. Lexington, MA: Takeda; October 2023.
9. 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.
10. 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.
11. Adderall XR® extended-release capsules [prescribing information]. Lexington, MA: Takeda; October 2023.
12. Focalin XR® extended-release capsules [prescribing information]. East Hanover, NJ: Novartis; October 2023.
13. Metadate CD® extended-release capsules [prescribing information]. Philadelphia, PA: Lannett; October 2023.
14. Ritalin LA® extended-release capsules [prescribing information]. East Hanover, NJ: Novartis; October 2023.
15. Aptensio XR® extended-release capsules [prescribing information]. Coventry, RI: Rhodes; October 2023.
16. Adhansia XR® extended-release capsules [prescribing information]. Stamford, CT: Adlon; June 2021.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	06/07/2023
Selected Revision	**Generic lisdexamfetamine:** Generic lisdexamfetamine capsules and chewable tablets were added to Step 1.	09/20/2023
Annual Revision	No criteria changes.	06/12/2024

Type of Revision	Summary of Changes	Review Date
Selected Revision	**Onyda XR:** Onyda XR was added to Step 2. **Criteria:** Onyda XR was added to the criterion allowing approval of Qelbree if a patient is unable to take a stimulant medication and unable to swallow whole capsules and tablets according to the prescriber.	10/02/2024
Annual Revision	No criteria changes.	06/04/2025