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CHADD's Position on Patient Access to ADHD Medications

Medication Access Principles: CHADD ascribes to the following principles regarding access to medications indicated to treat attention deficit / hyperactivity disorder (ADHD).

- Medication is recognized by the scientific community as a primary treatment to effectively reduce the core symptoms of ADHD.[1]

- Given the stigma associated with ADHD and common misconceptions about treating the disorder, individuals diagnosed with ADHD should not face additional barriers to accessing prescribed medications.

- Individuals with ADHD respond differently to different medications, and thus often try several medications to identify the medication or medications that provide the maximum clinical benefits with the fewest side effects.

- All individuals with diagnosed ADHD should have access to the full range of safe and effective prescription medications indicated to treat ADHD.

- Individuals with health insurance or coverage of any kind should have access to the medications that best meet their needs, and as prescribed by their doctor or clinician.

- The societal impact of ADHD is enormous (with an estimated annual cost of roughly $200 billion),[2] but the burden could be reduced with better disease management through medication and other treatments.

Position Statement on Drug Formularies: CHADD recognizes that prescription drug formularies, preferred drug lists (PDL), and other mechanisms to manage pharmacy benefits are increasingly commonplace in our health coverage system. While these mechanisms may be necessary to control prescription drug costs, it is imperative they are not employed in a way that restricts patients' access to the medications that are most appropriate for them. CHADD endorses the following principles:

- All drug coverage plans, including those relying on formularies, must include access to the full range of medications indicated to treat ADHD.

- Any coverage policies that limit access to ADHD medications should be made by a clinically qualified entity, such as a pharmacy and therapeutics (P&T) committee with the requisite expertise in ADHD medications.

- Formularies that include specialty tiers should ensure that all distinct chemical formulations indicated to treat ADHD are available to enrollees at the lowest cost-sharing tier, regardless of whether there is an approved generic version.

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[1] The MTA Cooperative Group, *A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder*, 56:12 J. AM. MED. ASSOC. 1073 (Dec. 1999).

[2] Research has shown costs of ADHD in the United States that range from $143 to $266 billion annually. Jalpa A. Doshi., et al., *Economic Impact of Childhood and Adult Attention-Deficit/Hyperactivity Disorder in the United States*, 51:10 J. AM. ACAD. OF CHILD & ADOLESCENT PSYCH. 990 (2012).

- Because of the clinical benefit associated with extended-release (long acting) drug therapies for some people with ADHD, drug coverage should ensure adequate access to the different formulations of these medications.

- Any categorical restrictions on particular ADHD medications should be subject to exceptions on an individual, case-by-case basis.

- Policies requiring prior authorization or other clinical documentation, as well as appeal processes, must be simple to navigate. This is especially important for families seeking access to ADHD medications given the nature of the disorder itself.

- Once a patient has provided the required documentation of their ADHD diagnosis and need for a particular medication, such documentation should suffice for the future. Repeat evaluations and other documentary requirements can be financially burdensome for patients with a lifelong disorder such as ADHD, and potentially harmful to their wellbeing if access to medication is delayed or denied.

- All aspects of plan drug coverage must comply with all applicable federal and state laws, including any programmatic requirements.

Medication Access Advocacy: Although CHADD does not actively monitor all of the many drug coverage plans and formularies nationwide, we will advocate for appropriate formulary coverage of ADHD medications when concerns are brought to our attention. We prefer that such concerns be brought by a member of our organization, another member of the ADHD advocacy community, or a private citizen seeking access to ADHD medication. Any other stakeholders raising concerns about drug coverage should be prepared to quantify the potential patient impact and identify the particular populations affected. CHADD is particularly concerned about adequate access among low-income families in the Medicaid and CHIP programs as these individuals may face additional challenges, in addition to those posed by the disorder itself, in navigating documentation requirements and appeal processes.

Questions? If you have questions or comments on CHADD's formulary position or to bring specific concerns to our attention, please contact CHADD's Chief Operations Officer April Gower-Getz at 301-306-7070 or april_gower@chadd.org.

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About CHADD: Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) is a national non-profit, tax-exempt organization (under section 501(c)(3) of the Internal Revenue Code) providing education, advocacy, and support for individuals with ADHD. CHADD is recognized by the U.S. Centers for Disease Control and Prevention as the national clearing house for ADHD information.

CHADD has three current priority objectives: (1) serving as a clearinghouse for evidence-based information on ADHD, (2) facilitating face-to-face family support groups through our local chapters, and (3) serving as an advocate for appropriate public policies and public recognition in response to needs faced by families and individuals with ADHD.

CHADD currently has about 12,000 members. Most are children and adults with ADHD and their family members. About 2,000 CHADD members are professionals providing clinical and other services to people with ADHD.