

Date: March 19, 2009

Subject: DRC Recommendations to DCC and DHS

To: DHHS, DCC, Dean's Office

From: Henry F. Simmons, Jr., MD, Ph.D. Chairman DRC

At its 03/19/09 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of various drugs used to treat ADHD.

Medications under consideration include the following:

Mixed amphetamine salts [Adderall, Adderall XR]

Atomoxetine [Strattera]

Dextroamphetamine sulfate [Dexadrine, Dextrostat]

Dexmethylphenidate HCl [Focalin, Focalin XR]

Lisdexamfetamine dimesylate [Vyvanse]

Methamphetamine HCl [Desoxyn]

Methylphenidate HCl [Concerta, Daytrana Transdermal Patch, Metadate CD, Metadate ER, Methylin, Ritalin, Ritalin SR, Ritalin LA.]

Indications under consideration

Outpatient management of children, adolescents and adults with Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder

Discussion

The Committee reached the following conclusions unanimously based upon its perception of the bulk of the best available evidence:

None of the agents differ in comparative safety or occurrence of adverse events to the degree that one or more should be stricken from further consideration.

From a pharmacological standpoint there are no significant differences in effectiveness between the agents on the basis of their release kinetics, specifically IR v. IR, SR v. SR or IR v. SR.

At least one IR methylphenidate preparation and one IR amphetamine preparation should be available.

At least one SR methylphenidate preparation and one SR amphetamine preparation should be available.

Absent some co-morbidities, methylphenidate and amphetamines are more likely to be appropriate initial choices than atomoxetine.

Atomoxetine should be available at least by prior authorization for patients with certain comorbidities, inability to tolerate amphetamines or inability to tolerate methylphenidate.

Alternate dosing forms should be available for patients who cannot swallow anything or who cannot ingest solids.

Henry F. Simmons, Jr.
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