



Equal Access to ADHD Medications through PharmaCare

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CURRENT SITUATION AND PROBLEM:

Ritalin and Dexedrine are the only ADHD medications fully covered by BC Pharmacare. Concerta is the only long-acting ADHD medication covered by Special Authority Request (only for the pediatric population and only after failing on Ritalin or Dexedrine).

In contrast, current best-practice guidelines recommend starting with Long-Acting medications because they are safer, more effective, and better tolerated than the Short-Acting medications.

The following table lists the medications currently approved for the treatment of ADHD in Canada (trade names are used for simplicity and clarity).

		Duration of Effect		
Class	Active Medication	2-4hrs	4-6hrs	12-14hrs
Stimulants	Methylphenidate (MPH)	Ritalin	Ritalin SR	Concerta Biphentin
	Dextroamphetamine (AMP)	Dexedrine	Dexedrine Spansules	Adderall XR Vyvanse
Non-Stimulants	Atomoxetine			Strattera
	Guanfacine			Intuniv XR

ADHD MEDICATION FACTS:

- 1) ADHD medications are broadly classified as stimulant medications or non-stimulant medications.
- 2) There are actually only two classes of stimulant medications - methylphenidate (MPH) and dextroamphetamine (AMP). Approximately 45% of patients demonstrate preferential response to either methylphenidate (MPH) or amphetamine (AMP). Patients could be started on MPH treatment and show no response but when switched to the other class (AMP) they respond well (or vice versa). This shows that:
 - a. the two classes cannot be considered interchangeable for individual patients (ie. lack of efficacy or lack of tolerability on MPH for an individual patient does not predict the same for AMP or vice versa); and
 - b. it cannot be assumed that we are providing access to adequate treatment for every patient when only one of the two (AMP or MPH) is made available.
- 3) Both MPH and AMP are available in various forms with unique release mechanisms and durations of action. These differences can be very clinically significant.

Example 1 – Abuse Potential

For instance, differing “release mechanisms” lead to differing abuse potentials. Individuals who abuse prescription stimulants typically do so by using alternate routes of administration (eg. intravenous or intranasal). Some ADHD medications are more resistant to this form of abuse than others.

The Canadian federal prison system (and other provincial formularies) have actively preferred long-acting medications over short-acting ADHD medications for this very reason. Unfortunately, when incarcerated individuals with ADHD are released and return to BC, they are forced to take Ritalin or Dexedrine.

Example 2 – Swallowing Difficulties

Many children (and some adults) have significant problems swallowing pills. For these patients, Concerta is not an option. Other long-acting medications can be safely sprinkled on food or dissolved in water.

- 3) Stimulant medications are more likely to be effective than non-stimulant medications and are therefore recommended as first-line treatments in most cases. However, some patients cannot tolerate stimulant medications and approximately 10-15% will not receive benefit from a stimulant medication. Non-stimulant medications must be available for these individuals.
- 4) In some cases, patients do not respond to mono-therapy and require treatment with a stimulant augmented with a non-stimulant. One non-stimulant (Intuniv XR) is approved for both mono-therapy and stimulant augmentation.
- 5) Long-Acting (ie. once-daily) stimulant medications are clinically superior to Short-Acting stimulant medications for the following reasons:
 - a. Better tolerated
 - reduced on-off effects commonly experienced on three daily short-acting doses

- b. More effective
 - greater likelihood of “normalized” functioning and reduced use of medical services is demonstrated in Canadian research
- c. Has less abuse potential
 - resistant to administration by alternate routes such as intravenous or intranasal
- d. More convenient
 - once vs. three times daily – patient does not have to carry their daily doses with them
- e. Improved compliance
 - remembering one morning dose vs three daily doses. This is a very important issue for ADHD patients since most patients with ADHD have memory problems.

Of interest, current BC Pharmacare policy seems to acknowledge that:

- 1) There is a difference between short and long acting stimulants .
 - BC Pharmacare covers Concerta when short acting medications are ineffective or not tolerated.
- 2) There is a difference between MPH and DEX
 - BC Pharmacare does not cover Vyvanse unless BOTH Ritalin and Dexedrine have been tried (if they are the same, then a trial of one of them should suffice).

Thus, BC Pharmacare policy alone can be seen to argue that provision of access to a single long-acting stimulant does not provide adequate coverage for the entire ADHD population.

For those familiar with other mental health medications, the current BC coverage of ADHD medications is equivalent to only covering Haldol and Chlorpromazine for psychosis, or Imipramine and Desipramine for depression. Patients with those disorders have access to a great many more medications that are better tolerated, safer, and often more effective. It is ADHD patients’ turn.

RECOMMENDATION:

Optimal treatment of ADHD requires full access to:

- 1) Both stimulant and non-stimulant medications; and
- 2) Both long-acting dextroamphetamine and methylphenidate medications.

A failure to do so will leave the most disadvantaged ADHD patients exposed to increased risk as described above.

We recommend BC Pharmacare policy be updated to provide full public coverage of all long-acting ADHD medications for all age groups as described above.

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