Purpose:
Scott & White Health Plan’s (SWHP) Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents Clinical Practice Guideline is designed to assist clinicians by providing significant parameters to implement an effective course of treatment by ensuring all diagnostic standards have been met.

Scope:
The percentage of members 6-12 years of age, newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least 3 follow-up care visits within a 10-month period, with the 1st visit within 30 days of the ADHD medication being dispensed.

- **Initiation Phase.** Follow-up visit with practitioner with prescribing authority within 30-days of ADHD medication being dispensed.
- **Continuation and Maintenance (C&M) Phase.** Remained on the ADHD medication for at least 210 days and complete the 1st visit in the Initiation Phase (within 30-days) and the 2nd and 3rd follow-up visits between 31-290 days after ADHD medication was dispensed.
Treatment Algorithm:

ADHD Diagnosed

1. Develop a management plan (See Table 1 and 2)
2. Trial of Medication if indicated

Stage 1 Methylphenidate or Amphetamine

Response

- Partial Response
  - Stage 1A (Optional) stimulant formulation not used in Stage 1 (If MAS* or DEX* used in Stage 1)
  - Partial Response or Non response

- Partial Response or Non response

Stage 2 Stimulant not used in Stage 1

Response

- Partial Response or Non response

Stage 3 Atomoxetine

Response

- Partial Response or Non response

To stimulant or atomoxetine

Refer to Child & Adolescent Psychiatry (See Table 4)

* LEGEND

MAS-Mixed Amphetamine Salts
DEX-Dextroamphetamine
NICHQ-National Initiative for Children’s Healthcare Quality

Table 1

Recommendations from AACAP 2006:
- Identify target behavior symptoms
- Develop a behavior therapy plan that include:
  - Parent training
  - School interventions
  - Child-focused treatments
- Collect previous treatment data:
  - Target behavior, patient response, follow-up monitoring.
  - Medication (e.g., dosage, duration, side effects/adverse events).
  - Duration and acceptability of treatment.
- Develop comprehensive management plan that:
  - Recognizes ADHD as a chronic condition that may persist into adulthood.
  - Includes behavior therapy and or therapeutic trials of medications.
  - Provides systematic monitoring/follow-up.
- Assess for co-morbidities and if present, refer to Psychiatry

**HEDES® Follow up visit recommendations:**
- An initial visit followed by a visit with physician within 30 days.
- Two additional visits within the next 9-month period of medication treatment. (One of the two visits may be a telephone visit.)

Table 2

1. Use DSM - 5 criteria to diagnose ADHD.
2. Consider use of the Conner’s Teacher and Parent Rating Scales. (revised)
3. As an alternative, consider using NICHD® Vanderbilt Teacher and Parent Assessment Scales.

Table 3

<table>
<thead>
<tr>
<th>Medication</th>
<th>Formulary</th>
<th>usual Duration in Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>methylphenidate IR</td>
<td>Yes</td>
<td>3-6</td>
</tr>
<tr>
<td>dextroamphetamine spansule</td>
<td>Yes</td>
<td>8</td>
</tr>
<tr>
<td>methylphenidate ER</td>
<td>No</td>
<td>8</td>
</tr>
<tr>
<td>methylphenidate LA</td>
<td>Yes</td>
<td>10-12</td>
</tr>
<tr>
<td>atomoxetine (Intuniv®)</td>
<td>Yes</td>
<td>4-6</td>
</tr>
<tr>
<td>atomoxetine (Tenex®)</td>
<td>Yes</td>
<td>6-8</td>
</tr>
<tr>
<td>methamphetamine (Daytank®)</td>
<td>Yes</td>
<td>6-8</td>
</tr>
<tr>
<td>methamphetamine XR (Quilvent®)</td>
<td>Yes</td>
<td>6-8</td>
</tr>
</tbody>
</table>

Table 4

Alternative Non-Stimulant Medications (to be considered after failure of stages 1-3)

- Buproprion (Wellbutrin®)
- guanfacine (Tenex® - long acting)
- guanfacine (intuniv® - short acting)
- clonidine (Catapres®, Kapvay®)

Except for guanfacine (intuniv® - long acting) and clonidine (Kapvay®) - long acting, these are not FDA indicated for the treatment of ADHD. Children & Adolescent Psychiatry may consider these four alternatives if the patient needs combination therapy or a longer duration of action - has adverse events from stimulants or has co-morbid conditions which require them. These medications are generally used more often by Child and Adolescent Psychiatrists or Developmental Behavior Pediatricians.
Notes:

The measurement period is March 1st of the year prior to the measurement year and ending February 28th of the measurement. SWHP recommends follow-up visits every 3 months.

Source(s):

American Academy of Child and Adolescent Psychiatry (AACAP, 2006)


Developed by: Physicians from the Departments of Psychiatry & Pediatrics, Health Integrated; and the clinical Pharm D Staff.

Reviewed and Approved by: Members of the Quality Improvement Sub-committee.

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