CLINICAL PRACTICE GUIDELINES FOR Attention-Deficit/Hyperactivity Disorder (ADHD) in Children and Adolescents for Use in Primary Care (Without Co-morbidities) Treatment Algorithm

Adapted: June 6, 1999

Revised/Approved: 9/2001, 11/2002, 11/2004, 01/2005, 01/2006, 08/2006, 12/2006, 08/2008, 08/2010, 08/2012, 08/2014, 08/2016
Next Review Date:
8/2018

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:

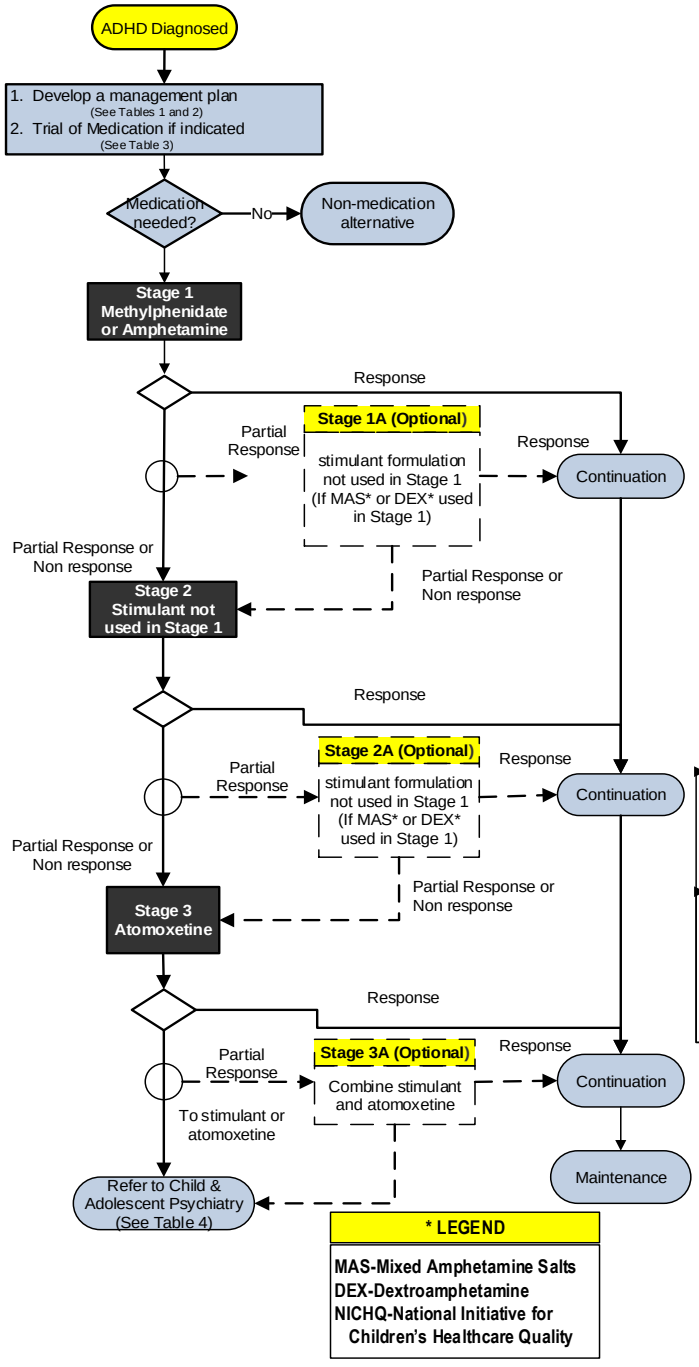

Table 1

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.
  - Advocates therapeutic alliance of clinician/patient/parents/ caregivers/teachers.
  - Includes behavior therapy and or therapeutic trials of medications. Provides systematic monitoring/follow-up.
- **Assess for co-morbidities and if present, refer to Psychiatry**

****HEDIS® Follow up visit recommendations:**

- An initiation 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 NICHQ* Vanderbilt Teacher and Parent Assessment Scales.**

Table 3

Medication	Formulary	Effect Duration in Hours
methylphenidate IR (Ritalin®, Methylin®)	**Yes**	**3-6**
dextroamphetamine(Dexedrine®, DextroStat®)	**Yes**	**1-6**
dexmethylphenidate (Focalin®)	**No**	**6**
methylphenidate SR (Ritalin-SR®)	**Yes**	**8**
methylphenidate ER (Metadate®,ER, Methylin® ER)	**No**	**8**
methylphenidate ER (Metadate® CD)	**Yes**	**8**
methylphenidate LA (Ritalin® LA)	**Yes**	**10-12**
amphetamine-dextroamphetamine (Adderall®)	**Yes**	**4-6**
dextroamphetamine spansule (Dexedrine® Spansule®)	**Yes**	**6-8**
methylphenidate ER (Concerta®)	**Yes**	**12**
amphetamine-dextroamphetamine XR (Adderall XR®)	**Yes**	**12**
atomoxetine (Strattera®)	***Yes***	**24**
dexmethylphenidate XR (Focalin® XR)	**No**	**8-12**
methylphenidate transdermal patch-extended release (Daytrana™ Transdermal Patch) **Should wear 9 hours with effects lasting for 3-4 hours after removal of patch.**	***Yes***	**9**
lisdexamfetamine dimesylate (Vyvanse™)	***Yes***	**12**
Methylphenidate XR (Quillivent XR)	***Yes***	**8-12**

"Some ADHD medications (Vyvanse, Ritalin) have abuse potential and can increase blood pressure. Members may need to take recommended therapies intermittently (during school days, for example, to reduce abuse potential), and providers may need to educate members about strict medication adherence and close clinical follow-up, as recommended. Monitoring of vital signs, particularly BP and HR are important, as some medications can cause periodic or sustained increase of blood pressure and heart rate."

Table 4

Alternative Non-Stimulant Medications (to be considered after failure of stages 1 -3)
bupropion (Wellbutrin®)
guanfacine (Tenex®) - short-acting
guanfacine (Intuniv®) - long-acting
clonidine (Catapres®, Kapvay)

Except for guanfacine (Intun iv®) - long-acting and clonidine (Kapvay) - long acting, these are **not** FDA indicated for the treatment of ADHD ; but Child & 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)

American Academy of Pediatrics (AAP) 2016. (2016). *ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents* | From the American Academy of Pediatrics | Pediatrics. Retrieved July 14, 2016, from http://pediatrics.aappublications.org/content/128/5/1007.full

The Texas Children's Medication Algorithm Project, and the American Academy of Pediatrics (AAP, 2001).

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.

** HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).