Clinical Guidelines for the Pharmacologic Treatment of Attention Deficit and Hyperactivity Disorder (ADHD)

Community Behavioral Health (CBH) is committed to working with our provider partners to continuously improve the quality of behavioral healthcare for our shared population. Whenever possible, this is best accomplished through the implementation of evidence-based practices, as well as those informed by nationally recognized treatment guidelines, while respecting the need for individualized treatment.

The following are medication prescribing standards, adapted for the CBH network from national treatment guidelines. They are intended to guide providers in aligning their practices with the best available scientific evidence to help members with ADHD access state-of-the-art care.

To assess quality of care, CBH will be collecting several standardized metrics. These metrics come either from the Healthcare Effectiveness Data and Information Set (HEDIS) set of measures used by most major healthcare organizations for quality improvement, or are measures of clear clinical priority in our network. While CBH will be collecting specific data related only to guidelines that have been issued to the network thus far, the use of empirical guidelines and practice parameters is encouraged in all prescribing.

CBH expects providers to follow these guidelines in addition to all other relevant CBH, state, and federal regulations and standards, including CBH prescribing bulletins (e.g. *Bulletin 07-07 Screening for and Treatment of the Components of Metabolic Syndrome*[1]), the Network Inclusion Criteria Standards of Excellence, [2] and the Department of Behavioral Health and Intellectual Disabilities (DBHIDS) Practice Guidelines for Resiliency and Recovery-oriented Treatment.[3]

Note further that the following are guidelines for the *pharmacologic* treatment of ADHD. CBH and DBHIDS encourage a biopsychosocial and recovery and resiliency-based approach to treatment; in each case these guidelines for medication treatment should be but one part of a robust, multidisciplinary treatment approach that involves high-quality psychosocial treatment, collaboration with physical health providers, and inclusion of families and other supports.

[1] Department of Behavioral Health and Intellectual Disability Services (DBHIDS), *Bulletin 07-07 Screening for and Treatment of the Components of Metabolic Syndrome*
[2] Department of Behavioral Health and Intellectual Disability Services (DBHIDS), *Philadelphia Behavioral Health Practice Guidelines*, 2013, or latest version
[3] Department of Behavioral Health and Intellectual Disability Services (DBHIDS), *Network Inclusion Criteria*, 2013, or latest version

Introduction

CBH has updated its guidelines for the treatment of ADHD in children and adolescents to reflect the most recently published evidence-based practice parameters available: those of the American Academy of Pediatrics, issued in 2011.[4] CBH encourages its network providers to remain current with the state of evidence-based practice parameters and to incorporate these into the clinical care offered. These guidelines reflect the best scientific evidence available to guide treatment delivery, and should be considered the standard of care in the CBH network.

Resources including further details on behavioral treatments related to these guidelines for providers may be accessed at: http://pediatrics.aappublications.org/content/128/5/1007

Guidelines (Adapted from the AAP guidelines)

1. Any child 4 through 18 years of age who presents with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity should receive an evaluation for ADHD. To make a diagnosis of ADHD, the prescribing physician (see Manual for Review of Provider Personnel Files [MRPPF[5]]) should confirm and document that Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria have been met (including documentation of impairment in more than 1 major setting). This diagnosis should be informed primarily by reports from parents or guardians, teachers, and other school and mental health clinicians involved in the child's care. The primary care clinician should also rule out any alternative cause.

2. In the evaluation of a child for ADHD, an assessment must be completed for other conditions that might coexist with ADHD, including emotional or behavioral (e.g. anxiety, depressive, oppositional defiant, conduct, or trauma-related disorders), developmental (e.g., learning and language disorders or other neurodevelopmental disorders), and physical (e.g. tics, sleep apnea) conditions). These evaluations must be done by appropriately trained and licensed personnel.

3. Recommendations for treatment of children and adolescents with ADHD vary by age:
    a. For preschool-aged children (4–5 years of age), the clinician should prescribe evidence-based parent- and/or teacher-administered behavior therapy as the first line of treatment and may prescribe methylphenidate if the behavioral interventions do not provide significant improvement and there is moderate-to severe continuing disturbance in the child's function.

       In areas where evidence-based behavioral treatments are not available, the clinician needs to weigh the risks of starting medication at an early age against the harm of delaying diagnosis and treatment.

[4]ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. SUBCOMMITTEE ON ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, STEERING COMMITTEE ON QUALITY IMPROVEMENT AND MANAGEMENT, Pediatrics Oct 2011, peds.2011-2654; DOI: 10.1542/peds.2011-2654

[5] https://dbhids.org//wp-content/uploads/2015/10/Manual-for-Review-of-Provider-Personnel-Files-v.1.1-August-2014.pdf

b. For elementary school-aged children (6–11 years of age), the clinician should prescribe US Food and Drug Administration(FDA)-approved medications for ADHD (see Table 1) and/or evidence-based parent and/or teacher-administered behavior therapy as treatment for ADHD, preferably both.

   The evidence is particularly strong for stimulant medications and sufficient but less strong for atomoxetine, extended-release guanfacine, and extended-release clonidine (in that order).

   The school environment, program, or placement is a part of any treatment plan.

c. For adolescents (12–18 years of age), clinicians should prescribe FDA–approved medications for ADHD (see Table 1) with the assent of the adolescent and may prescribe behavior therapy as treatment for ADHD, preferably both.

4. The prescriber should titrate doses of medication for ADHD to achieve the maximum benefit with minimum adverse effects.

5. Prescribing of medications for ADHD that are not FDA-approved for this indication is generally discouraged and must proceed according to DBHIDS Bulletin 10-03 on the use of "off-label" medications in children and adolescents.[6]

6. To ensure appropriate titration to optimize symptom control and appropriate re-evaluation of symptoms and functional impact, and to monitor for the emergence of adverse effects, these follow-up intervals are required after the initiation of an ADHD medication:

   a. One medication management follow-up visit no more than 30 days after the prescription is initiated
   b. At least 2 more such visits after the initial 30-day period of medication

[6] Provider Bulletin # 10-03 -Use of Psychotropic Medications in Children and Adolescents (FDA Approved and Off-Label) > http://www.dbhids.org/assets/Forms--Documents/CBH/Bulletin-10-03-Revised2.pdf

CBH Implementation Review

CBH encourages its providers to maintain robust internal quality management programs to ensure treatment of CBH members adheres to these and other applicable guidelines. In addition to "as needed" reviews of medical records when quality issues arise, CBH will be tracking and sharing two main performance metrics with providers:

1. Appropriate medication follow-up appointments for children and adolescents prescribed medications for ADHD (will be tracked via the National Committee for Quality Assurance [NCQA] HEDIS measure[7])
2. Appropriate use of medication for children and adolescents diagnosed with ADHD (will be tracked via claims data to generate percentages of members with ADHD prescribed FDA-approved medications, other medications, and no medication)

In addition, providers should maintain documentation of all evaluations and interventions described in these guidelines, whether delivered by the provider or outside practitioner. CBH and the DBHIDS Network Improvement and Accountability Collaborative (NIAC) will continue to monitor treatment provided to assure that care is consistent with the DBHIDS Network Inclusion Criteria (NIC) Standards of Excellence.[8]

[7] http://www.ncqa.org/portals/0/FollowUp%20Care%20for%20Children%20Prescribed%20ADHD%20Medication.pdf. Accessed 10/10/2017

[8] Department of Behavioral Health and Intellectual Disability Services (DBHIDS), *Network Inclusion Criteria*, 2013, (or most recent version)

Table 1. Approved Medications for ADHD[9]		
Class	**Trade Name**	**Generic Name**
Amphetamines		
	Adderall	mixed amphetamine salts
	Adderall XR	extended release mixed amphetamine salts
	Dexedrine	dextroamphetamine
	Dexedrine Spansule	dextroamphetamine
	Vyvanse	Lisdexamfetamine (extended release)
Methylphenidate		
	Concerta	Methylphenidate (extended release)
	Daytrana	methylphenidate (patch)
	Focalin	dexmethylphenidate
	Focalin XR	extended release dexmethylphenidate
	Metadate ER	extended release methylphenidate
	Metadate CD	extended release methylphenidate
	Methylin	methylphenidate hydrochloride (liquid & chewable tablets)
	Quillivant XR	extended release methylphenidate (liquid)
	Ritalin	methylphenidate
	Ritalin LA	extended release methylphenidate
	Ritalin SR	extended release methylphenidate
Non-stimulants		
(Norepinephrine Uptake Inhibitor)	Strattera	Atomoxetine
(Alpha Adrenergic Agents)		
	Intuniv	extended release guanfacine
	Kapvay	extended release clonidine

[9] ADHD- Parents Medication Guide. Prepared by the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association, 2013. Accessed at https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Professional-Topics/Child-Adolescent-Psychiatry/adhd-parents-medication-guide.pdf on 10/10/2017.