



| | |
|--|---------------------------------------|
| Division: Pharmacy Policy | Subject: Prior Authorization Criteria |
| Original Development Date: Original Effective Date: Revision Date: | June 18, 2015 |

Long Acting Stimulants in Children Under Six Years of Age

*** Note: The ADHD Medication Guidelines for Children and Adolescents are specifically written to support Florida Medicaid providers and include a preschool (children less than 6 years of age) guideline. This guideline may be accessed at: <http://medicaidmentalhealth.org/ViewGuideline.cfm?GuidelineID=44>**

LENGTH OF AUTHORIZATION:

Initial Review: 3 months

Continuation of therapy: 6 months

CLINICAL NOTES:

According to the American Academy of Pediatrics Clinical Practice Guideline for the Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD), evidence based parent and/or teacher administered behavior therapy is the first line of treatment for preschool age children who are 4 to 5 years of age.ⁱ These guidelines go on to state that many young children with ADHD might still require medication to achieve maximum improvement, and medication is not contraindicated for children 4 through 5 years of age. There are limited clinical studies in this age group with most of the evidence based data surrounding the use of methylphenidate preparations.ⁱⁱ

INITIAL REVIEW CRITERIA:

1. Patient has had an adequate trial of parent training or teacher administered behavioral therapy and has persistent moderate to severe dysfunction as defined by:
 - a. Symptoms that have persisted for at least 9 months
 - b. Dysfunction that is manifested in both the home and other settings such as preschool or child care
2. Trial and failure of a preferred short acting methylphenidate should be submitted prior to consideration of a long acting agent.
3. Authorization request is for a preferred long acting methylphenidate preparation or the provider has submitted documentation of trial and response to therapy of a preferred methylphenidate preparation.
4. Patient's ability to swallow whole tablets/capsules should be assessed, if patient is unable to swallow whole tablets /capsules and also requires a long acting agent, choices should be limited to those preparations which may be utilized as a sprinkle cap or a liquid or a transdermal patch including:
 - a. Ritalin LA, Metadate CD/ generic equivalents
 - b. Quillivant XR powder for suspension
 - c. Daytrana transdermal patch
 - d. Focalin XR/generic equivalent
 - e. Dexedrine spansule/generic equivalent
 - f. Vyvanse



CONTINUATION OF THERAPY:

1. Patient continues to meet initial review criteria
2. Documentation supports response of target symptoms with medication

Note: The long acting agents for children less than 6 years old that require review include, but are not limited to:

- Ritalin LA/Metadate CD/Aptensio XR/generic equivalents
- Concerta/Metadate ER/Methylin ER/generic equivalents
- Ritalin SR/generic equivalent
- Adderall XR/generic equivalent
- Daytrana
- Quillivant
- Focalin XR
- Vyvanse
- Dexedrine spansule/generic equivalent

ⁱ American Academy of Pediatrics Clinical Practice Guideline ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents Pediatrics 2011; 128:1007-1022 Available at: <http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654.full.pdf+html> Accessed May 8, 2015

ⁱⁱ Greenhill L, Kollins S, Abikoff H, et al. Efficacy and safety of immediate-release methylphenidate treatment for preschoolers with ADHD. J Am Acad Child Adolesc Psychiatry. 2006; 45 (11): 1284-1293