

Clinical Policy: ADHD Medications in Children Under 6 Years Old

Reference Number: AZ.CP.PMN.07

Effective Date: 07.16

Last Review Date: 09.20

Line of Business: Arizona Medicaid (AzCH-CCP and Care1st)

Revision Log

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

ADHD Medications in Children Under 6 years Old

FDA approved indication

Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

Limitation of Use

- Established dosing for ADHD agents for children under 6 is limited to amphetamine-dextroamphetamine tablets (Adderall); dextroamphetamine tablets; methylphenidate HCL IR tablets, chewable tablets & solution, and Guanfacine HCL tablets (Tenex).
- Clonidine is not considered a first-line agent for children with ADHD due to potential cardiac effects. The American Heart Association has recommended that children and adolescents receiving clonidine be monitored for changes in blood pressure at treatment initiation, periodically during treatment, and when tapering the drug, even when clonidine is used for psychotropic indications.

Policy/Criteria

Provider must submit documentation (including office chart notes and lab results) supporting that the member has met all approval criteria

It is the policy of Arizona Complete Health-Complete Care Plan and Care1st that ADHD medications for children under 6 years of age are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Child diagnosed with ADHD (must meet all):

1. An adequate trial of non-medical interventions including parent training and/or behavioral therapy has been employed and persistent moderate to severe dysfunction has continued for at least 9 months.
2. Dysfunction is manifested in both the home and other setting such as preschool, child care or school.

Approval duration: 12 months

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B. Other diagnoses/indications

2. Refer to AZ.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized)

II. Continued Therapy

A. Must meet all:

1. Currently receiving medication via a health plan affiliated with Centene Corporation or member has previously met initial approval criteria;
2. Documentation of positive response to therapy [labs, sign/symptom reduction, etc.];
3. If request is for a dose increase, new dose does not exceed FDA approved maximum daily dose.

Approval duration: 12 months

III. Diagnosis/indications for which coverage is NOT authorized

- A. Indications other than ADHD.
- B. Doses greater than FDA recommended maximum daily dosage. For doses greater than the FDA recommended dosage, Provider can submit a prior authorization with the clinical justification for the dose exceeding the FDA maximum

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ADHD: Attention Deficit Hyperactivity Disorder

Appendix B: General Information

N/A

Appendix C: Therapeutic Alternatives

N/A

V. Dosage and Administration (Preferred Products)

Drug Name	Dosing Regimen	Maximum Dose
Amphetamine-Dextroamphetamine (Adderall)	Adderall XR: Not established Adderall IR: 2.5mg/day	30mg/day for age 6-12 40mg/day
Dextroamphetamine	IR tablets: 2.5 mg/day	40mg/day for age ≥ 6
Lisdexamfetamine capsules (Vyvanse)	Not established	70mg/day for age ≥ 6
Dexmethylphenidate (Focalin IR & XR)	Not established	XR: 30- 50mg/day for age ≥ 6 IR: 20-50mg/day for age ≥ 6
Quillichew ER, Quillivant XR (methylphenidate)	Not established	60mg/day for age ≥ 6

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Methylphenidate 24-hour ER capsules controlled biphasic release (Aptensio XR Metadate CD, Ritalin LA)	Not established	60mg/day for age \geq 6
Methylphenidate HCL ER tablets (Concerta)	Not established	2mg/kg/day up to 60mg/day for age \geq 6
Methylphenidate patch (Daytrana)	Not established	30mg/day for age \geq 6
Methylphenidate HCL IR tablets , chewable tablets & Solution	1.25mg TID	30 mg/day
Atomoxetine HCL Capsules (Strattera)	Not established	1.4mg/kg/day up to 100mg/day for age \geq 6
Clonidine tablets	Not established	0.3mg/day for age \geq 6
Clonidine tablet 12-hour	Not established	0.4mg/day for age \geq 6
Guanfacine HCL tablet 24-hour (Intuniv)	Not established	4mg/day
Guanfacine HCL tablets (Tenex)	0.5mg /day	4mg/day

IV. Preferred Product Availability

Drug	Availability
Amphetamine solution (Dyanavel XR brand only)	Suspension: 2.5 mg/mL
Amphetamine-Dextroamphetamine (Adderall XR brand only & IR brand and generic)	Capsules: XR: 5, 10, 15, 20, 25, 30 mg Tablets IR: 5, 7.5, 10, 12.5, 15, 20, 30 mg
Dextroamphetamine (IR generic only)	Tablets IR: 5, 10 mg
Lisdexamfetamine (Vyvanse brand only)	Chewable tablet: 10, 20, 30, 40, 50, 60 mg Capsules: 10, 20, 30, 40, 50, 60, 70 mg
Dexmethylphenidate (IR generic and Focalin XR brand only)	Capsules XR: 5, 10, 15, 20, 25, 30, 35, 40 mg Tablets IR: 2.5, 5, 10 mg
Methylphenidate (Quillichew ER brand only and Quillivant XR brand only)	Chewable extended release tablets: 20, 30, 40 mg Powder for suspension XR: 25 mg/5mL
Methylphenidate HCL ER tablets (Concerta brand only)	Tablets Concerta: 18, 27, 36, 54 mg
Methylphenidate 24-hour ER capsules controlled biphasic release	Capsules Aptensio XR: 10, 15, 20, 30, 40, 50, 60 mg Capsules Ritalin LA: 10, 20, 30, 40 mg Capsules LA generic: 10, 20, 30, 40 mg

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	Capsules CD generic: 10, 20, 30, 40, 50, 60 mg
Methylphenidate patch (Daytrana brand only)	Transdermal patch: 10, 15, 20, 30 mg/9 hour
Methylphenidate HCL IR	Tablets: 5, 10, 20 mg Solution: 5mg/5ml, 10mg/5mg Chewable tablet: 2.5, 5, 10mg
Atomoxetine HCL Capsules (generic only)	Capsules: 10, 18, 25, 40, 60, 80, 100 mg
Clonidine IR and ER tablets	Tablets IR: 0.1, 0.2, 0.3 mg Tablets ER: 0.1 mg
Clonidine weekly transdermal patch (Catapres)	Transdermal weekly patch: 0.1; 0.2; 0.3mg/24 hours
Guanfacine HCL tablets ER (generic only)	Tablets ER: 1, 2, 3, 4 mg

V. References

1. Pliska SR, Greenhill LL, Crismon ML, et al. The Texas children’s medication algorithm project: report of the Texas census conference panel on medication treatment of childhood deficit/hyperactivity disorder. Part 1. *J Am Academy Child Adolescent Psychology*. 200; 39(7):920-92
2. Arizona Health care Cost Containment System (AHCCCS), AHCCCS Behavioral Health System Practice Tools: Psychiatric and Psychotherapeutic Best Practices for Children: Birth Through Five Years of Age. Effective date 07/01/2016.
<https://www.azahcccs.gov/PlansProviders/Downloads/GM/ClinicalGuidanceTools/PsychiatricandPsychotherapeuticBestPracticesforChildrenBirthThroughFiveYearsofAge.pdf>
3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available <http://www.clinicalpharmacology-ip.com/> Accessed March 2018

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Converted to new template Added preferred medications; added product availability	03.18	4.18
Reviewed, renumbered and rebranded.	09.18	
Updated logo, removed Dextroamphetamine ER capsule and Metadate ER tablet from preferred product listings	07.19	07.19
Annual Review: No major updates.	9.20	9.20
Added Care1st logo. Added verbiage to specify that criteria also applies to Care1st.	5.10.21	04.21

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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