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Oklahoma Clinical Care Guidelines
Stimulant Use for Members Under the Age of 5

Oklahoma Health Care Authority

- ❑ **The OHCA defines which stimulants are on formulary and which tier they are in via the ADHD Tier Chart listed here: https://oklahoma.gov/ohca/providers/types/pharmacy/prior-authorization/2024/central-nervous-system-behavioral-health.html This information could be updated once weekly and is communicated electronically to OCH via a drug extract file.**

Introduction

- ❑ **Most stimulants used to treat ADHD are considered off-label for children younger than 6 years. The Preschool ADHD Treatment Study (PATS) was a complex multi–site, randomized trial, designed to evaluate the efficacy and safety of immediate–release methylphenidate in the preschool population. A follow up study was done on this population 9 years later. Results showed that preschool children are more likely to have side effects to stimulants and stimulants are not as effective in young children.**
- ❑ **First line treatment for ADHD in young children is behavioral therapy through parent training management training, pharmacotherapy is typically reserved for severe cases.**
- ❑ **Due to the sparsity of literature, these clinical guidelines provide guidance on reviewing stimulant prior authorizations for medical necessity for children under the age of 5.**

FDA Approved Indication

- ❑ **Adderall has been FDA approved for ages 3 and up; however, current guidelines do not recommend Adderall use in children under 6 due to insufficient evidence. Studies were conducted on children ages 5 and up.**
- ❑ **Methylphenidate is FDA-approved for treating attention deficit hyperactivity disorder (ADHD) in children ages 6 and up. Methylphenidate has been researched in the preschool population in several studies including the Preschool ADHD Treatment Studies. AAP considers immediate release products first-line agent in children aged 3 to 5 if pharmacological treatment is deemed necessary.**

Initial Approval Criteria

Stimulant initiation for children under 5 years of age is considered medically necessary when the following criteria are met:

- ❑ **Child diagnosed, per current Diagnostic and Statistical Manual criteria, with one of the following disorders:**

- Attention Deficit Hyperactivity Disorder, Inattentive Type
- Attention Deficit Hyperactivity Disorder, Hyperactive Type
- Attention Deficit Hyperactivity Disorder, Combined Type

- ❑ **Provider must submit documentation (including office chart notes and lab results) of the below items:**
  - A child psychiatry evaluation by a child psychiatrist OR consultation with a child psychiatrist with a recommendation of a stimulant trial.
  - Evaluation of psychosocial issues.
  - Evaluation of cardiac health.
  - Consideration of co-morbid developmental language disorder, Specific Learning Disorder, hearing loss or Autism Spectrum Disorder (ASD).
  - Vitals signs including weight, height, BMI, pulse, and blood pressure.
  - ADHD screening tool results (e.g., Vanderbilt ADHD Rating Scale) from 2 sources (e.g., caregiver and childcare worker).
  - Parent Management Training or other Behavioral intervention for at least 12 weeks.
  - Documented continued impairment after non-medication intervention.
- ❑ **The requested dose does NOT exceed the dosing guidelines below.**
  - **Initial Dosing**
    - Methylphenidate IR 5mg po q AM
    - Amphetamine Salts/Dextroamphetamine IR 2.5 mg po q AM

CONTINUATION THERAPY, DOSE CHANGES, FORMULATION CHANGES

Stimulant continuation, dose changes or formulation changes for children under 5 years of age is medically necessary when the following criteria are met:

- ❑ **Child diagnosed, per current Diagnostic and Statistical Manual criteria, with one of the following disorders:**
  - Attention Deficit Hyperactivity Disorder, Inattentive Type
  - Attention Deficit Hyperactivity Disorder, Hyperactive Type
  - Attention Deficit Hyperactivity Disorder, Combined Type
- ❑ **Provider must submit documentation (including office chart notes and lab results) of the below items:**
  - ADHD Follow Up visit/s by a physician which include:
    - Current ADHD symptoms
    - Side effects and benefits of ADHD medication and reasons for any changes.
    - Vitals signs including weight, height, BMI, pulse, and blood pressure.
    - ADHD follow up screening tool such as the follow up Vanderbilt from 2 sources.
    - Documentation of psychosocial support and/or continued therapy.
- ❑ **Initial dose has been tried for at least 4 weeks unless there is documentation showing clinical justification (e.g., side effects).**
- ❑ **The requested dose does NOT exceed the dosing guidelines below.**
  - Dosing
    - Methylphenidate dose does not exceed 1mg/kg/day.
    - Dextroamphetamine or mixed amphetamine salts dose does not exceed 0.5 mg/kg/day.
- ❑ **If this is a formulation change request:**
  - A minimum trial of up to 20 mg of methylphenidate daily before transitioning to a long acting/extended release of methylphenidate.

- A minimum trial of up to 10 mg of dextroamphetamine or mixed amphetamine salts daily before transitioning to a long acting/extended release of dextroamphetamine or mixed amphetamine salts.

LENGTH OF APPROVAL

6 months

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