Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 18, 2015 May 11, 2023

Long-Acting Stimulants in Children Under Six Years of Age

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: https://floridabhcenter.org/child-guidelines/2022-2023-adhd-medication-guidelines-for-children-and-adolescents/

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) in Children and Adolescents, evidence-based parent training in behavior management (PTBM) is the first line of treatment for preschool age children who are age 4 years to the 6th birthday. These guidelines state that many young children with ADHD might still require medication to achieve maximum improvement. Although methylphenidate preparations have the strongest evidence for safety and efficacy in preschool-aged children, the evidence has not yet met the level needed for FDA approval.[i] Use of extra-long duration stimulants (e.g., Mydayis® or Adhansia®) in preschool aged children is not recommended.[ii]

INITIAL REVIEW CRITERIA:

- Patient has had a 12-week trial of PTBM 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
- Trial and failure of a preferred short acting methylphenidate should be submitted prior to consideration of a long acting agent.
- 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.
- 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 but not limited to:
    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:

- Patient continues to meet initial review criteria.
- 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] Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Pediatrics (2019) 144 (4): e20192528. Available at: https://publications.aap.org/pediatrics/article/144/4/e20192528/81590/Clinical-Practice-Guideline-for-the-Diagnosis. Accessed April 3, 2023.

[ii] ADHD Medication Guidelines for Children and Adolescents in Children under Age 6 2022 – 2023. Available at: https://floridabhcenter.org/child-guidelines/2022-2023-adhd-medication-guidelines-for-children-and-adolescents/. Accessed April 3, 2023.