



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.