

ADHD Prescription Medication Management in Children

As you know, following evidenced-based practices can help in meeting Healthcare Effectiveness Data and Information Set (HEDIS®) measures and may help reduce health care costs. UnitedHealthcare has created an overview of the current therapeutic attention-deficit/hyperactivity disorder (ADHD) prescription medication guidelines for children who could be negatively impacted by certain medications if not monitored closely.

Thank you for providing quality care to our members. The Florida Quality team is available to provide additional resources on this topic at fluhcqm@uhc.com.

Clinical Recommendations

The 2011 clinical practice guidelines from the American Academy of Pediatrics (AAP) strongly recommend that doctors prescribe behavior therapy as the first line of treatment for preschool-aged children (ages 4-5) with ADHD. Parent training in behavior therapy has the most evidence of being effective.^{1,2}

For patients, ages 6-12, there is strong evidence for initiation of FDA-approved stimulant ADHD medications.¹ Prescribers should consider factors including duration of effects and health care costs when choosing a medication. Because the effects of stimulant medication are immediate, they can be titrated on a three- to seven-day basis.¹ During the initiation phase of ADHD treatment, it is important to follow up with the patient to assess safety and efficacy. For this reason, it is recommended to prescribe a two- to three-week course of treatment until a patient is stable to help avoid unnecessary spend and medication waste.

FDA-Approved Medications

The Food and Drug Administration (FDA) has approved two types of medications, stimulants and non-stimulants, to treat the symptoms of ADHD in children as young as age 6.²

FDA-approved stimulants, which contain various forms of methylphenidate and/or amphetamine, actually have a calming effect on hyperactive children with ADHD. They are believed to increase brain levels of dopamine, a neurotransmitter associated with motivation, attention and movement.³

The FDA has also approved three non-stimulants to treat the symptoms of ADHD: Strattera (atomoxetine), Intuniv (extended-release guanfacine) and Kapvay (extended-release clonidine).



These provide a useful alternative for both children who don't tolerate stimulants well and for children, ages 4-5, who may need medication in addition to behavior therapy.³

Medications Can Affect Children Differently

Care providers may need to try different medications and doses to find the one that works best for each child.



Careful titration of medication dose and monitoring of side effects are needed to find the optimal medication and dose.⁴



Individual response to stimulants is variable, so weight-based dosing is less applicable for stimulants.⁴



Start with lowest dose of stimulants and titrate the dose up until the maximal effect is achieved, you reach the highest recommended dose or significant adverse effects occur.⁴



Consider a set trial of 3 to 4 doses weekly over a month's time.⁴

Additional Resources

For more information on behavioral health resources for ADHD, visit UHCprovider.com > Resource Library > Behavioral Health Resources.

Most Commonly Prescribed ADHD Medication in Children

Several products listed below have generic options and may be preferred formulary alternatives.

Medications	Brands	Initial Starting Dose	Frequency	Initial Effect	Duration in Hours	Max Dose	Available Doses
Mixed Amphetamine Salts	Adderall	2.5-5 mg	Every day to twice a day	20-60 min.	6 hours	40 mg	5-, 7.5-, 10-, 12.5- 15-, 20- and 30-mg tablets
	Adderall XR	5 mg	Every day	20-60 min.	10 hours	40 mg	5-, 10-, 15-, 20-, 25- and 30-mg tablets
Dextroamphetamine	Dexedrine/ Dextrostat	2.5 mg	2-3 times a day	20-60 min.	4-6 hours	40 mg	5- and (Dextostat only) 10-mg tablets
	Dexedrine Spansule	5 mg	Every day to twice a day	60+ min.	6+ hours	40 mg	5-, 10- and 15-mg tablets
Lisdexamfetamine	Vyvanse	20 mg	Every day	60 min.	10-12 hours	70 mg	20-, 30-, 40-, 50-, 60- and 70-mg capsules
Methylphenidate	Ritalin	5 mg	2-3 times a day	20-60 min.	3-5 hours	60 mg	5-, 10- and 20-mg tablets
	Ritalin LA	20 mg	Every day	20-60 min.	6-8 hours	60 mg	20-, 30- and 40-mg capsules
	Ritalin SR	20 mg	Every day to twice a day	1-3 hours	2-6 hours	60 mg	20-mg capsules
	Metadate CD	20 mg	Every day	20-60 min.	6-8 hours	60 mg	10-, 20-, 30-, 40-, 50- and 60-mg capsules
	Concerta	18 mg	Every day	20-60 min.	12 hours	72 mg	18-, 36- and 54-mg capsules
	Methylin	5 mg	2-3 times a day	20-60 min.	3-5 hours	60 mg	5-, 10- and 20-mg tablets, and a day liquid and chewable forms
	Daytrana	10 mg	Apply for 9 hours	60 min.	11-12 hours	30 mg	10-, 15- 20- and 30-mg patches
Dexmethylphenidate	Focalin	2.5 mg	Twice a day	20-60 min.	3-5 hours	60 mg	2.5-, 5- and 10-mg tablets
	Focalin XR	5 mg	Every day	20-60 min.	8-12 hours	20 mg	5-, 10-, 15- and 20-mg capsules
Atomoxetine	Strattera	0.5 mg/kg/d, then increase to 1.2 mg/kg/d	Every day to twice a day	1-2 weeks	At least 10-12 hours	1.4 mg/kg	10-, 18-, 25-, 40-, 60-, 80- and 100-mg capsules
Extended-Release Guanfacine	Intuniv	1 mg/d	Every day		At least 10-12 hours	4 mg/d	1, 2, 3 and 4 mg
Extended-Release Clonidine	Kapvay	0.1 mg/d	Every day to twice a day		At least 10-12 hours	0.4 mg/d	0.1 and 0.2 mg

Note: Drugs listed on this tool do not appear in any order of importance. The drug selection and dosage set forth in this text are in accordance with the current recommendations and practices at the time of publication. It is the responsibility of the health care provider to check the package insert of each drug for any change in indications and dosage, and for added warnings and precaution. The doses stated above do not imply equi-therapeutic doses. To view the latest preferred drug list (PDL) for Florida Medicaid members, visit ahca.myflorida.com/Medicaid.

¹ ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. <https://pediatrics.aappublications.org/content/128/5/1007>

² CDC. <https://www.cdc.gov/ncbddd/adhd/treatment.html>

³ U.S. Food & Drug Administration. <https://www.fda.gov/consumers/consumer-updates/dealing-adhd-what-you-need-know>

⁴ Basic Facts: What Every Clinician Should Know Before Starting a Patient on Medication. <https://www.aap.org/en-us/pubserv/adhd2/Pages/kit/data/papers/Basic%20Facts%20Clinicians.F0907.pdf>