

**Protocol for Attention Deficit Hyperactivity Disorder (ADHD) Stimulant
Treatment in Children Under 6 Years of Age
April 2025**

Applicable Drug List: Reference Formulary for specific drugs

For non-preferred medication requests, the patient is unable to take two (2) formulary alternatives for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

Criteria for Approval:

1. Patient has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) confirmed by a standardized rating scale (e.g., Conners, Vanderbilt, Brown, SNAP-IV) with moderate to severe dysfunction
2. Patient is between their 4th and 6th birthday
3. Symptoms and/or behavior have persisted for 9 months or more in at least 2 settings.
4. Patient has been screened for:
 - a) Emotional or behavioral conditions,
 - b) Developmental conditions, and
 - c) Physical conditions
5. Attestation that Parent Training in Behavior Management (PTBM) and/or behavioral classroom intervention has been attempted, but a moderate to severe continued disturbance in function exists
6. The clinician weighed the risks of starting treatment before the age of six against the harm of delaying treatment
7. The patient is continuing PTBM and/or behavior classroom intervention together with prescribed ADHD medication
8. Medication requested is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence

Continuation of Therapy:

1. Patient is not experiencing any significant side effects or worsening of negative signs/symptoms
2. Documentation of positive response to stimulant therapy (sign/symptom reduction)

3. The patient is continuing PTBM and/or behavior classroom intervention together with prescribed ADHD medication
4. Medication is prescribed in accordance with a Food and Drug Administration (FDA) established indication and dosing regimens or in accordance with a medically appropriate off-label indication and dosing according to American Hospital Formulary Service, Micromedex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs (Lexicomp), national guidelines, or other peer-reviewed evidence

Approval Duration and Quantity Restrictions:

Initial and Renewal - Approve 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

1. Eiland LS, Gildon BL. Diagnosis and Treatment of ADHD in the Pediatric Population. *J Pediatr Pharmacol Ther.* 2024 Apr;29(2):107-118. doi: 10.5863/1551-6776-29.2.107. Epub 2024 Apr 8. PMID: 38596418; PMCID: PMC11001204.
2. Wraich KL, Hagan JF, Allan C et al. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. The American Academy of Pediatrics, Clinical Practice Guideline. October 2019. Accessed online on February 3, 2025 at:
<https://publications.aap.org/pediatrics/article/144/4/e20192528/81590/ClinicalPractice-Guideline-for-the-Diagnosis?autologincheck=redirected>
3. DSM-5 Diagnostic and Statistical Manual of Mental Disorders, 5th edition; ADHD: attention deficit hyperactivity disorder (AAFP National Research (Network))