Follow-Up Care for Children Prescribed ADHD Medication

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Purpose:

ADHD has a multidimensional effect on an individual's functioning and can culminate in significant costs attributable to greater health care needs, more frequent unintentional injury, comorbid psychiatric conditions, and productivity losses. The HLN is committed to supporting primary care clinicians in delivering care that meets quality standards.

Follow-Up Care for Children Prescribed ADHD Medication (ADD):

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least **three follow-up care visits within a 10-month period**, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

I. **Initiation Phase:** The percentage of children 6–12 years of age as of the Index Prescription Start Date (IPSD), with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. Follow-up visits with a practitioner within 30 days after the IPSD (Index Prescription Start Date) may include:
   - i. Office Visit
   - ii. Telehealth Services
   - iii. Telephone Visit

II. **Continuation and Maintenance (C&M) Phase:** The percentage of children 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. Follow-up visits with a practitioner during days 31-300 after the IPSD may be:
   - i. Office Visit
   - ii. Telehealth Services
   - iii. Telephone Visit

*Only one of the two visits (during days 31-300 after the IPSD) may be an e-visit or virtual check in.

1 Disclaimer: Document developed with input from clinicians and administrative leaders within HLN. It is intended to provide recommendations and guidance for a Population Health program. Clinical care decisions related to the care of individual patients is determined by the patient's providers. All recommended practices are subject to amendment. Please refer to the HLN SharePoint Library for the most recent version.

ADHD Measurement Plan:

- HLN Population: Pediatric Members with Dx of ADHD
- Follow-Up Care After Initiation of ADHD Treatment (pediatric members 6-12yrs.)
- Follow-Up Care During Continuation of ADHD Treatment (pediatric members 6-12 yrs.)

Ongoing Program Evaluation and Enhancement:

In accordance with the HLN Ongoing Quality Management Process policy, the HLN Pediatric Leader Committee with support of the HLN Quality & Care Coordination Committee will:

- Monitor performance of Follow-up Care for Children Prescribed ADHD Medication
- Evaluate the effectiveness of the recommendations
- Recommend changes to further improve the management of Children Prescribed ADHD Medication
- The Pediatric Leader Committee will continue to monitor this standards performance results to promote effective follow-up care for children prescribed to ADHD medication

ADHD Medication Requirements

Medicaid	BCBS	UHC	FMOLHS
• Trial of behavioral therapy is required for prescriptions when requested for all those younger than seven years of age • All prescriptions require a diagnosis code, F90. • Any medication not on the preferred drug list will require a Prior Authorization	• Prior Authorization requirements have been removed for commercial ADHD formularies	• Prior Authorizations are not listed for covered generics • Brand is preferred for Adderall XR and Concerta • Other brands are excluded from the formulary and require a Prior Authorization	• Prior Authorizations are not listed for covered generics • Brand prescriptions will require generic step therapy before insurance approvals

*See the HLN Pharmaceutical Formulary – ADHD Therapies or the Medicaid PDL for more information.

Modification History

Date	Type	Notes
3/17/17	Initial Revisions	Added Index #HLN.P.004 Changed Last Revision Date to 3/17/17 New Start: added "and filled" Initiation Phase: added "fill date" twice Example paragraph: Added "what is a new start" Added "make appt before they leave the office and have the front desk employee making the appt mark "new start" on follow-up reason Document marked as DRAFT
3/28/17	Word change and approved as final	Co-occurring changed to comorbid in purpose paragraph
6/23/17	Update	Updated to the newly approved Marketing template
N/A	Review	Reviewed with no changes and next date for review set to 4Q2018
9/25/18	Review by Comm	Approved without changes. Review date updated to 4Q19
N/A	Review	Changed next review date to state "last review date"
1/14/21	Modification	Document placed in new standard format. Added NCQA Benchmarking to "measures" Modified disclaimer Added ongoing quality management section
12/20/21	Revision	Updated visit access type to include telehealth and telephone components according to NCQA's guideline Revised Quality Metrics to reflect current 2022 measures and Pharmacy resource information
1/25/22	Review by QCCC	Approved without changes. Review date updated to Q42024 or as guidance changes.