

C. Agents used for the treatment of Attention Deficit Hyperactivity Disorder (ADHD)

Agents, both stimulants and non-stimulants used for the treatment of ADHD are a covered Nevada Medicaid benefit for the treatment of pediatric, adolescent, and adult clients that meet the criteria for coverage.

1. Coverage and Limitations:

Approval for medications will be given at the therapeutics class level if the following are met and documented:

a. General Criteria (Children and Adults)

1. Only one agent at a time may be used for the treatment of ADHD (applies to the entire ADHD/Stimulant Class); a 30-day transitional overlap in therapy will allowed.
2. The following two criteria must be met and documented in the recipient's medical record for adult and pediatric recipients in order for Prior Approval of CNS Stimulants:
 - a. In the pediatric and adult population, the decision to medicate for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) and any comorbidity based on problems that are persistent and sufficiently severe to cause functional impairment in one or more of the following social environments: at school, home, work or with peers, and
 - b. Before treatment with pharmacological methods is instituted, other treatable causes have been ruled out.

b. Children (up to age 18 years)

In addition to the general criteria above, the following must be present and documented in the recipient's medical record for Prior Approval of CNS Stimulants:

1. An initial evaluation has been done by the treating physician, pediatrician, psychiatrist or neurologist documenting the developmental history, physical evaluation, medical history or neurological primary diagnosis (e.g. fetal alcohol syndrome, thyroid disease) and examination within the past twelve months, or more recently, if the clinical condition has changed, and
2. One of the following:
 - a. School information, Standardized Teachers Rating Scales testing reports such as TOVA (Test of Variables of Attention), achievement test, neuropsychological testing if indicated, Conner's scale, speech and language evaluation, or
 - b. DMS-IV (Diagnostic and Statistical Manual of Mental Disorders) symptoms of ADD or ADHD, presence or absence-child behavior checklist, development and context of symptoms and resulting impairment, including school, family and peers, DSM-IV symptoms of possible alternate or comorbid psychiatric diagnosis, history of psychiatric, psychological pediatric or neurological treatment for ADD or ADHD, or

- c. Family history including diagnosis of ADD and ADHD, tic disorder, substance abuse disorder, conduct disorder, personality disorder and other anxiety disorder, past or present family stressors, crises, any abuse or neglect, interview with parents.
3. The following two criteria must be met and documented in the recipient's medical record for adult and pediatric recipients in order for Prior Approval of CNS Stimulants:
 - a. In the pediatric and adult population, the decision to medicate for Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) and any comorbidity is based on problems that are persistent and sufficiently severe to cause functional impairment in one or more of the following social environments: at school, home, work or with peers, and
 - b. Before treatment with pharmacological methods is instituted, other treatable causes have been ruled out.
- c. Adults (18 years and above)

In addition to the general criteria above, the following must be present and documented in the recipient's medical record for Prior Approval for CNS Stimulants:

 1. An initial evaluation-complete psychiatric assessment, present and past DSM-IV, symptoms of ADD or ADHD, history of development and context of symptoms and resulting past and present impairment, including academic achievement, IQ test and learning disorder evaluation, and
 2. One of the following:
 - a. Medical history, medical or neurological primary diagnosis (e.g. thyroid disease, head trauma), medication that could be causing symptoms (e.g. Phenobarbital, steroids), or
 - b. History of other psychiatric disorder and treatment, or
 - c. DSM-IV symptoms of ADD and ADHD presence or absence, possible alternate comorbid psychiatric diagnosis (especially: personality disorder, mood disorder, depression or mania, anxiety disorder, dissociative disorder, tic disorder including Tourette's disorder and substance abuse disorder), or
 - d. Family history including diagnosis of ADD or ADHD, tic disorder, substance abuse disorder, conduct disorder, personality disorder, mood disorder and anxiety disorder, possible family stressors, any history of abuse or neglect.

Prior Authorization will be given for a 1 year time period.

PA Form: Nevada Medicaid Prior Authorization Request for CNS Stimulants Adult and Pediatric forms.