## ADHD Medication Treatment Algorithm

Based on AAP Guidelines, 2011 and HEDIS 2017 ADD Performance Measure Specifications

<table>
<thead>
<tr>
<th>Select Stimulant Agent</th>
<th>Initial Dose</th>
<th>Titrate Dose</th>
<th>Initial Follow Up Visit</th>
<th>Subsequent Visits</th>
<th>Adding or Stopping Medications</th>
</tr>
</thead>
</table>
| **Long-Acting**
  - Kids / Adults
  - Methylphenidate or Amphetamine
  - Select starting dose and times of administration
  - Once daily dosing is helpful for kids in school and prevents the need to send a medication supply to the school nurse.
  - Twice daily dosing may be helpful in kids with late evening behavior episodes
| **Titrate dose upward every one to three weeks until maximum dose is achieved or side effects preclude further dose increase**
| **Achievement Goals**
  - ADHD Symptoms remit
  - No side effects
  - For students, teacher & parenting scales are helpful as dose is increased.
| Initial follow up should be within 30 days or less after therapy initiation
| - Determine if response is appropriate
  - 41% will respond to either stimulant medication
  - 44% will respond better to one medication than another
  - Strattera may take up to 6 weeks to see effect
| - At least 2 or more visits during the next 9 month period
  - If maximum dose of Methylphenidate, Amphetamine or Atomoxetine has been achieved, continue & monitor for side effects
  - If optimal results have not been achieved:
    - Review Diagnosis and assess for any undetected co-morbidities
    - If ADHD diagnosis is reconfirmed, consider behavioral therapy next before adding a non-FDA approved medication
  - Adding Another Medication:
    - If optimal results not achieved with a stimulant or Strattera, consider trials of Clonidine or Guanfacine
    - Bupropion, tricyclic antidepressant, Clonidine or Guanfacine
    - Often necessary when: patient has co-morbid aggression; side effects of tics or insomnia are present
| - Strattera (Atomoxetine)
  - Use for ADHD with co-morbid anxiety or tic disorder
  - Use with decreased appetite, and/or decreased sleep from other ADHD meds, or with substance abuse problems

| **Short-Acting**
  - Small kids <16kg/35lbs (low dose is not available in long-acting)
  - Methylphenidate or Amphetamine
| **Non-Medication interventions such as behavior therapy should be first line treatment in preschoolers**

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**References:**
- **Medication and Dosing Reference:** ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. PEDIATRICS Volume 128, Number 5, November 2011
- **Follow-up Visit Reference:** Follow-Up Care for Children Prescribed ADHD Medication: NCQA HEDIS 2017 Performance Specifications

Revised August 2017