

## Premier Pediatrics Policy for ADHD diagnosis & management

Name:

Date:

- We do not blindly accept the diagnosis of ADHD or behavior/mental disorder done elsewhere.
- All children with behavior complaints must have behavior history, Parent Vanderbilt and Teacher Vanderbilt filled out. If the patient is not in school or day care the Teacher Vanderbilt can be filled out by a care giver other than parents.
- If indicated we also will do Autism screening (AST), Anxiety screening (SACRED), Depression screening (PHQ9), Bipolar disorder screening (CMRS or YMRS).
- We offer **TOVA test** (an objective computerized testing for ADHD) and charge a small fee if the test is not covered by patient's insurance.
- Once diagnosed, initial management options will be **behavior modification**.
- If behavior modification is not successful or symptoms are severe, treatment options are:
  - Adderall - approved (and covered by most insurances) from **3 yrs** and above, Methylphenidate and its long active derivatives are approved from **6 yrs** and above (most insurances do not cover under 6 yrs, so it's practically not possible to follow the AAP recommendation of trying a Methylphenidate first when behavior modification is not successful)
  - Guanfacine or Clonidine in low doses are used successfully (alpha-agonists), but off label (not FDA approved)
  - Non-stimulants (Intuniv, Kapvay, Strattera) are approved only from 6 yrs and above and not covered by most insurances
  - **Common side effects of stimulants are**: stomach aches, headaches, appetite suppression, weight loss, insomnia, mood instability, skin picking/nail biting, increased HR and BP, hallucination (list not complete, please read PI)
  - **Common side effects of alpha-agonists** (Guanfacine, Clonidine, Intuniv, Kapvay): drowsiness, dry mouth, constipation, low blood pressure (list not complete, please read PI)
  - **Common side effects of Strattera**: stomach aches, rarely increased suicidal ideation and liver problems (list not complete, please read PI and FDA black box warning)
- Patients taking stimulants (schedule II control substance) will be seen in our office monthly (or as needed) for vital signs monitoring and prescription refills.
- Lost prescriptions are not filled until due time unless a police report has been provided.
- Patients taking stimulants will be subject to random Urine drug screen to monitor compliance of medication use and to R/O diversion and illicit drug use simultaneously (Medical necessity) as follows:
  - Adderall or Adderall derivatives including Vyvanse: 4-6 times/year, if positive for Amphetamine, we do not send for confirmation.
  - Methylphenidate and derivatives: 3 times/year, we send for confirmation.
  - If drug screen is negative for prescribed medication it raises concern of non-compliance or medication diversion and MD may decide not to prescribe stimulants any more.
  - If positive for anything else other than prescribed medication, we send for confirmation.
  - If confirmatory test positive for any illicit drug we reserve the right not to prescribe any control substance. If it is determined by the MD that not prescribing a stimulant will significantly effect patient's behavior or academic performance, we may continue prescribing but parent/patient must commit to quit using illicit drug and monthly urine drug screening as long as MD thinks it necessary).
- If any parent refuses to get urine drug screening done we keep the right not to prescribe stimulants.

**I have read and agree with above policy.**

Parent/Guardian name, signature & date: \_\_\_\_\_