

# Prior Authorization Policies for Pediatric ADHD Medication Prescriptions

Form Approved  
OMB No. 0920-0879  
Expiration Date 03/31/2018

## **Instructions**

Welcome! This information collection is meant for state Medicaid Medical Directors, or their designee, with knowledge of state Medicaid policies related to pediatric attention-deficit/hyperactivity disorder (ADHD) treatment. The Policy Surveillance Program at Temple University Beasley School of Law (PSP) and the Centers for Disease Control and Prevention (CDC) have already begun collecting information about your state's Medicaid policies from publicly available sources. The purpose of this questionnaire is to verify that we collected the most up-to-date and accurate information from your state.

Your feedback is important to us. Your participation will help us identify where and why there are gaps in Medicaid reimbursement related to ADHD treatment, which will allow us to conduct more precise analyses on the impacts of these policies.

Completing the questionnaire is voluntary and takes approximately 20 minutes. Please note that any personally identifiable information about respondents related to their official duties (name, position, agency, phone, and email) will be removed when the results of this questionnaire are aggregated for analysis. Responses will be kept secure and will not be shared with other respondents or other entities. There are no known risks or direct benefits to you from participating or choosing not to participate, but your answers will help CDC improve its understanding of Medicaid policies that influence pediatric ADHD treatment and might help other states develop or improve their policies.

If you have any questions or concerns about this assessment, please email the CDC at [ADHDpolicy@cdc.gov](mailto:ADHDpolicy@cdc.gov).

To begin, please proceed to page 2 of this instrument.

When you have completed this survey, please click the SUBMIT button on page 1 or email as an attachment to [ADHDpolicy@cdc.gov](mailto:ADHDpolicy@cdc.gov).

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CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

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**Section A.**

The Temple PSP and CDC have compiled information on ADHD prior authorization policies across all states and the District of Columbia. For the purposes of responding to all questions below, a prior-authorization policy is defined as any policy that requires prior authorization, additional review, or other additional prescriber involvement for obtaining approval and payment for ADHD medications prescribed to children younger than age 18 years.

The policy information we have compiled should reflect what was accurate for your jurisdiction as of November 1, 2015.

**1. Please review [Appendix A](#) to verify the prior authorization policy information we collected for your state. Is the information listed in Appendix A the most up-to-date policy in your state?**

Yes

No, we have updated our policy since November 1, 2015

No, we did not have a policy on November 1, 2015, but we now have a policy

No, the policy you have provided is incorrect

Other

**If your state Medicaid program does NOT currently have any prior-authorization policy limiting ADHD medication prescriptions to children younger than age 18 years, PLEASE SKIP AHEAD TO SECTION B.**

If you answered “No” to question 1, please email a copy of the most recent version of your state’s policy to [ADHDpolicy@cdc.gov](mailto:ADHDpolicy@cdc.gov), and include the policy’s effective date.

**2. Please review [Appendix B](#) to verify the table listing characteristics of your state’s policy. Are all of the responses correct as of November 1, 2015?**

Yes

No, at least one response is not correct as of November 1, 2015

Unsure whether all responses are correct as of November 1, 2015

**If you answered “Yes” to question 2, please skip question 3 and continue to question 4.**

**3. Please indicate below which questions you believe we did not correctly answer in [Appendix B](#). Then, please add an explanation in the box to the right.**

Questions from Appendix B:

Does your state Medicaid program have a policy that requires prior authorization for ADHD medications prescribed to children younger than age 18 years?

The answer to this question in Appendix B is not correct.

Please explain.

Which ages require prior authorization?

The answer to this question in Appendix B is not correct.

Please explain.

Does the policy automatically deny authorization for certain ages?

The answer to this question in Appendix B is not correct.

Please explain.

Does the policy specify ADHD medications that require prior authorization?

The answer to this question in Appendix B is not correct.

Please explain.

Are stimulants included?

The answer to this question in Appendix B is not correct.

Please explain.

Question from Appendix B (continued):

Reminder: If you answered "Yes" to question 2, please skip question 3 and continue to question 4.

Are non-stimulants included?

The answer to this question in Appendix B is not correct.

Please explain.

Does the policy list criteria for approval?

The answer to this question in Appendix B is not correct.

Please explain.

What criteria are listed to receive approval?

The answer to this question in Appendix B is not correct.

Please explain.

**4. How is the prior-authorization approval process triggered in your state?**

At the medication's point-of-sale

When the prescriber submits a prior-authorization form to a reviewing body

Other (please explain)

**5. Is the prior-authorization request peer-reviewed by medical experts?**

Yes

No

Don't know

Other (please explain)

**6. When was the very first prior authorization policy implemented in your state for children younger than 18 years old? (Please indicate "unsure" if you do not know the date.)**

**7. Has your program ever evaluated this prior authorization policy's effect on prescription rates?**

Yes

No

Don't know

If yes, please explain below.

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**Section B.**

Please answer the following additional questions regarding **behavioral health carve-outs** for services provided to children (< age 18 years) in your state Medicaid program.

**8. Does your state Medicaid program currently carve out behavioral or mental health services provided to children?**

Yes

No

Don't know

**If you answered "No" to question 8, please skip to question 11.**

**9. If your Medicaid program currently carves out any behavioral or mental health services for children, which services are carved out?**

Outpatient behavioral/mental health services

Inpatient behavioral/mental health services

Prescription drugs

Substance abuse services

Other (please explain)

**10. How are they carved out?**

Carved out to a fee-for-service delivery system

Carved out to a behavioral health organization

Other (please explain)

**11. Please complete the following matrix to indicate if your state has ever carved out children’s behavioral health services in the past five years.**

	Not Carved Out	Carved Out	Unsure
2015			
2014			
2013			
2012			
2011			
2010			

**12. Please use this space to provide additional comments about the dates of your state’s carved out behavioral health services in the past five years, if necessary.**

Please contact [CDC](#) with any questions, or to discuss your state’s Medicaid program in greater detail.

**Contact Information**

**13. Please provide the following information about the person who completed this survey:**

First Name:

Last Name:

Job Title:

Description of your position:

State:

Department:

E-mail:

Phone:

**14. Has this survey been delegated to you by the Medicaid Director or Medicaid Medical Director in your state?**

Yes

No

Don't know

**15. Please use this section to provide any additional comments or information about your state Medicaid program's policies related to ADHD medication prescription to children under age 18 years and/or behavioral health services carve outs. You may also email [CDC](#) to share any additional information.**

**When you have completed this survey, please click the SUBMIT button on [page 1](#) or email as an attachment to [ADHDpolicy@cdc.gov](mailto:ADHDpolicy@cdc.gov).**

## **APPENDIX A**

[Click here](#) to return to question 1.

### Prior Authorization Guidelines ADHD Medications in Children Under 6 Years Old

#### **FDA Approved Indication:**

Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

#### **Guidelines for Approval:**

1. The requesting clinician has documented that the child has a diagnosis of ADHD
2. Psychosocial issues and non-medical interventions are being addressed by the clinical team.
3. Documentation of psychosocial evaluation occurring before request for ADHD medications.
4. Documentation of non-medication alternatives that have been attempted before request for ADHD medications.

#### **Additional Requirements:**

Children under 6 years old will be monitored in accordance with the ADHS/DBHS Clinical Practice Protocol on Psychiatric Best Practice Guidelines for Children: Birth to Five Years of Age.

#### **Coverage is Not Authorized for:**

1. Indications other than ADHD.
2. Doses greater than FDA recommended maximum daily dosage.

#### **References:**

1. ADHS/DBHS: Provider Manual Section 3.15: Psychotropic Medication: Prescribing and Monitoring
2. Manufacturer Product Information
3. Pliska SR, Greenhill LL, Crismon ML, et al. The Texas children's medication algorithm project: report of the Texas census conference panel on medication treatment of childhood deficit/hyperactivity disorder. Part 1. J Am Academy Child Adolescent Psychology. 200;39(7):920-927

Finalized 8/5/2013



**APPENDIX B**

[Click here](#) to return to question 2.

[Click here](#) to return to question 3.

## Arizona

08/05/2013 - 11/01/2015

 View Law

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<b>Does the state Medicaid program have a policy that requires prior authorization for ADHD medications prescribed to children younger than age 18 years?</b>	Yes §
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➔ Which ages require prior authorization?	Child younger than 1 1 year old 2 years old 3 years old 4 years old 5 years old §
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➔ Does the policy expressly deny authorization for certain ages?	No
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<b>Does the policy specify ADHD medications that require prior authorization?</b>	No
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<b>Does the policy list criteria for approval?</b>	Yes §
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➔ What criteria are listed to receive approval?	ADHD diagnosis Psychological evaluation Consideration of non-medication alternatives §
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