ADHD Treatment in Young Children

Annually during 2008-2014, about 3 in 4 young children (2-5 years) in clinical care for ADHD received ADHD medication, and only about 1 in 2 received any form of psychological treatment, which might have included recommended parent training in behavior therapy.

Young children may be more sensitive to the side effects of medication than older children. The long-term effects of ADHD medication use in young children are not known.

Studies that compare treatment of young children with ADHD medication or behavior therapy show that when parents are trained in behavior therapy, it can be as effective as ADHD medication, without the associated side effects.

Best Practices for Treatment


State Medicaid Policies

Prescribing ADHD Medications to Children

- Some state Medicaid programs manage access to ADHD medications through the use of prior-authorization policies.

Children with ADHD

ADHD is a complex, biological condition most often diagnosed during childhood. Children with ADHD struggle with inattention, hyperactivity, and/or impulsivity.

- Since the late 1990s, there has been a steady increase in the number of children diagnosed with ADHD.
- In 2011-12, 6.4 million U.S. children, ages 4-17, have been diagnosed with ADHD.
- 3.5 million of these children take medication for treatment.

The Costs of ADHD

The annual societal costs of childhood ADHD are estimated at $38-72 billion, including costs for health care, education, juvenile justice, and loss of family productivity.

ADHD symptoms can interfere with academic functioning and relationships with family members and peers. Children with ADHD have higher rates of repeating grades in school, high school dropout, injuries, and emergency department visits. They may also have co-occurring disorders, like depression and anxiety.
Prescription prior-authorization policies require review of a physician’s prescription request by a state program or health plan before coverage for a medication is granted. In response to concerns about the growing number of children prescribed ADHD medications, many state Medicaid programs have implemented prior-authorization policies. A policy coding study was conducted with collaborators from Temple University’s Policy Surveillance Program and ChangeLab Solutions to catalogue and characterize the criteria of prior-authorization policies used in state Medicaid programs across the United States. Select findings from that study are presented below. As of November 2015

**27** state Medicaid programs (yellow states) use prior-authorization policies to manage access to ADHD medications for children.

**16** states (yellow states) have Medicaid prior-authorization policies that specifically apply to children **younger than six years old**.

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**Guiding Prescribers toward Further Evaluation and Preferred Treatments**

**6** states ask prescribers to demonstrate that a child younger than 18 **has received a psychological evaluation** before seeking prior-authorization for ADHD medication coverage.

**7** states ask prescribers **whether behavioral or other non-medication treatments** have been considered before seeking prior authorization for ADHD medication coverage.

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**Considerations for Policymakers & Medicaid Directors**

1. Does your state actively monitor prescriptions of ADHD medications for children under the age of 6 who are enrolled in Medicaid?

2. Does your state have a prescription prior-authorization policy for pediatric ADHD treatment?

3. If your state has a prescription prior-authorization policy for ADHD, does the policy include criteria based on clinical guidelines for children under 6?

4. Does your state Medicaid program reimburse providers for recommended behavior therapy options for families with young children with ADHD?

For more information about state Medicaid prior-authorization policies for ADHD, and to learn more about your state’s policy, please visit [http://lawatlas.org/query?dataset=adhd-prior-authorization-policies](http://lawatlas.org/query?dataset=adhd-prior-authorization-policies)