



Diagnosis and Management of ADHD in Adults

Guideline History

Original Approve Date	08/06
Review/Revise Dates	07/08, 7/10, 7/12, 7/14, 7/16
Next Review Date	07/18

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Key Points

- ✓ ADHD is a biologically based disorder.
- ✓ Symptoms of ADHD from childhood often continue into adulthood. Prevalence of ADHD in adults in the US is approximately 4%.
- ✓ DSM-V criteria for ADHD in adults: 5 symptoms (as opposed to 6 for children) in one domain (inattention or hyperactivity/impulsivity). Diagnosis should be based on a detailed patient history (“several symptoms present prior to age 12”) and an assessment of current behavior and level of functioning (“substantial evidence of clinically significant ADHD impairment”).
- ✓ ADHD in adults is associated with higher than average rates of divorce, unemployment, substance abuse, and motor vehicle accidents.
- ✓ ADHD rarely occurs alone. Common comorbidities include: mood disorders (depression and bipolar), anxiety disorders, substance use disorders, or impulse control disorders.
- ✓ Various medical conditions (thyroid disease, hepatic disease, sleep apnea) have symptoms similar to those of ADHD. Also, some medications/substances (steroids, antihistamines, anticonvulsants, caffeine, nicotine) may impact attentiveness.
- ✓ Standardized rating scales can be useful for assessing presence of symptoms and severity of impairment both for diagnostic purposes and to assess effectiveness of treatment. The ADHD Adult Self-Report Scale V1.1 (ASRS V1.1) and the Wender Adult ADHD Rating Scale are attached.
- ✓ Contraindications for stimulant use include hypertension, tachycardia, arrhythmia, bipolar disorder, severe anorexia and Tourette syndrome.
- ✓ Cognitive behavior therapy may be helpful as an adjunct to medication in the treatment of ADHD in adults.
- ✓ Strategies to prevent misuse or diversion of stimulants include: signing a controlled substances agreement and performing random urine drug screening to verify that the patient is taking the prescribed medication and to screen for non-prescribed or illicit drugs.

Recognition of ADHD in Adults

DSM-V diagnostic criteria include the following:

1. Five or more either inattention symptoms or hyperactivity and impulsiveness symptoms are present for at least six months and cause impairment in functioning
2. Some of the symptoms occurred prior to age 12.
3. Functional impairment occurs in at least two settings, such as home, work or school.
4. Symptoms are not due to another disorder.

Inattention symptom examples:

- Does not pay close attention to details or makes careless mistakes
- Has trouble keeping attention on activities
- Does not seem to listen when spoken to directly
- Does not follow through no instructions and fails to finish tasks
- Has difficulty organizing tasks and activities
- Avoids, dislikes, or is reluctant to do tasks requiring sustained mental effort
- Loses things necessary to do tasks or activities
- Is easily distracted
- Is forgetful in daily activities

Hyperactivity or impulsiveness symptom examples:

- Fidgets with hands or feet or squirms in seat
- Leaves seat at times when remaining seated is expected
- Feels restless
- Has difficulty taking part in leisure activities
- Is “on the go” or acts as if “driven by a motor”
- Talks excessively
- Blurts out answers before questions have been completed
- Has difficulty awaiting turn
- Interrupts conversations or intrudes on other’s activities

ADHD Adult Self-Report Scale V1.1 (ASRS V1.1)

The ASRS V1.1 is a 6-item self-reporting tool developed by the World Health Organization, that looks at the adult ADHD symptoms which are most predictive of having the disorder. The first 4 questions relate to inattentive symptoms and the last 2 questions apply to hyperactive-impulsive symptoms. Significant symptoms are shaded and are either rated “sometimes” (n=3) or “often” (n=3). If 4 or more marks appear in the darkly shaded boxes, the patient has symptoms highly consistent with ADHD.

Adult Self-Report Scale-V1.1 (ASRS-V1.1) Screener <i>from WHO Composite International Diagnostic Interview</i> © World Health Organization					
Date					
<i>Check the box that best describes how you have felt and conducted yourself over the past 6 months. Please give the completed questionnaire to your healthcare professional during your next appointment to discuss the results.</i>					
	Never	Rarely	Sometimes	Often	Very Often
1.					
2.					
3.					
4.					
5.					
6.					
<i>Add the number of checkmarks that appear in the darkly shaded area. Four (4) or more checkmarks indicate that your symptoms may be consistent with Adult ADHD. It may be beneficial for you to talk with your healthcare provider about an evaluation.</i>					

The 6-question Adult Self-Report Scale-Version1.1 (ASRS-V1.1) Screener is a subset of the WHO's 18-question Adult ADHD Self-Report Scale-Version1.1 (Adult ASRS-V1.1) Symptom Checklist.

AT28491 PRINTED IN USA. 300054636 0803500 ASRS-V1.1 Screener COPYRIGHT © 2003 World Health Organization (WHO). Reprinted with permission of WHO. All rights reserved.

Wender Utah Rating Scale

Paul Wender developed a set of ADHD criteria, referred to as the Utah criteria, that reflect the distinct features of the disorder in adults. The Wender Utah Rating Scale provides for a retrospective rating of childhood ADHD symptoms. The tool consists of 61 questions answered by the adult patient. Recalling his or her childhood behavior with a subset of 25 questions associated with ADHD. Each question has 5 possible responses, scored from 0 to 4 points. Using a cutoff score of 46, after scoring only the 25 questions, it has been shown to identify 86% of patients with ADHD.

Recently the developers have supported using only the subset of scored questions. A copy of the short form is included in the appendix for reproduction purposes. The entire Wender scale, in an automated Excel format, can be downloaded from the Internet at:

<http://www.medalreg.com/www/sheets/ch18/ADHD%20Wender%20Utah%20rating.xls> or it can be found at <http://www.add-pediatrics.com/add/wender.html>

Wender ADULT ADHD RATING SCALE Short Form

Patient's Name:

Patient's Number

Date

MD Initials

➤ Instructions: enter an "x" in the appropriate column for each question (only 1 answer per row)					
As a child, I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
concentration problems, easily distracted					
anxious, worrying					
nervous, fidgety					
inattentive, daydreaming					
hot- or short-tempered, low boiling point					
temper outbursts, tantrums					
trouble with stick-to-it-tiveness, not following through. failing to finish things started					
stubborn, strong-willed					
sad or blue, depressed, unhappy					
disobedient with parents, rebellious, sassy					
low opinion of myself					
irritable					
moody, ups and downs					
angry					
acting without thinking, impulsive					
tendency to be immature					
guilty feelings, regretful					
losing control of myself					
tendency to be or act irrational					
unpopular with other children, didn't keep friends for long, didn't get along with other children					
trouble seeing things from someone else's point of view					
trouble with authorities, trouble with school, visits to principal's office					
As a child in school, I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
overall, a poor student, slow learner					
trouble with mathematics or numbers					
not achieving up to potential					
Sub-total of Columns					
<i>Total Score</i>					

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Wender ADULT ADHD RATING SCALE Short Form

Patient's Name:

Patient's Number

Date

MD Initials

➤ Instructions: enter an "x" in the appropriate column for each question (only 1 answer per row)					
As a child, I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
concentration problems, easily distracted	0	1	2 X	3	4
anxious, worrying	0	1	2 X	3 X	4
nervous, fidgety	0	1	2 X	3	4
inattentive, daydreaming	0	1	2	3	4 X
hot- or short-tempered, low boiling point	0	1	2	3	4
temper outbursts, tantrums	0	1	2	3	4
trouble with stick-to-it-tiveness, not following through, failing to finish things started	0	1	2 X	3	4
stubborn, strong-willed	0	1 X	2	3	4
sad or blue, depressed, unhappy	0	1	2	3 X	4
disobedient with parents, rebellious, sassy	0	1	2 X	3	4
low opinion of myself	0	1	2 X	3 X	4
irritable	0	1	2 X	3	4
moody, ups and downs	0	1	2	3 X	4
angry	0	1	2	3 X	4
acting without thinking, impulsive	0	1 X	2	3	4
tendency to be immature	0	1	2	3	4 X
guilty feelings, regretful	0	1	2	3 X	4
losing control of myself	0	1	2 X	3	4
tendency to be or act irrational	0	1	2	3 X	4
unpopular with other children, didn't keep friends for long, didn't get along with other children	0	1	2	3	4 X
trouble seeing things from someone else's point of view	0	1	2	3 X	4
trouble with authorities, trouble with school, visits to principal's office	0	1	2 X	3	4
As a child in school, I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
overall, a poor student, slow learner	0	1	2	3 X	4
trouble with mathematics or numbers	0	1	2 X	3	4
not achieving up to potential				3 X	4
Sub-total of Columns	0 x 1 = 0	1 x 3 = 3	2 x 8 = 16	3 x 10 = 30	4 x 3 = 12
Total Score	61				
Scores of 46 or higher has shown to identify 86% of patients with ADHD					

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Pharmacotherapy Options for the Treatment of ADHD in Adults

****Please Note:** Optima Health has adopted FDA recommended maximum daily dosages for stimulants. For methylphenidate, the immediate-release max dosage is 60mg; for extended release, the max dosage is 72mg. If a higher dosage is clinically indicated for a particular patient, please use the Prior Authorization process to obtain authorization.

<i>Medication</i>	<i>Dosage</i>	<i>Adverse Effects</i>
Stimulants		
Immediate-release dextroamphetamine	Start at 5 mg once or twice per day; recommended dosage of 0.3 to 1.5 mg per kg per day; maximal dosage of 60 mg per day	Anorexia, dry mouth, gastrointestinal effects, generalized anxiety/panic, headache, insomnia, jitteriness, mild increase in blood pressure and pulse, moodiness/irritability
Immediate-release dextroamphetamine/amphetamine (Adderall)		
Extended-release dextroamphetamine/amphetamine (Adderall XR)		
Lisdexamfetamine (Vyvanse)		
Immediate-release methylphenidate (Ritalin)		
Extended-release methylphenidate (Concerta)	18 to 108 mg per day**	
Nonstimulants		
Atemoxetine (Strattera)	Start at 40 mg per day; can increase up to 100 mg per day over two to four weeks; can take once or twice per day.	Anorexia, constipation, dry mouth, dysuria, erectile dysfunction/decreased libido, insomnia, liver damage (rare), mild appetite suppression, mild increase in diastolic blood pressure and pulse, nausea, sweating
Antidepressants		
Bupropion (Wellbutrin)	Up to 200 mg twice per day.	Constipation, dry mouth, headache, insomnia, nausea, sweating
Desipramine (Norpramin)	200 mg per day.	Anorexia, blurred vision, constipation, drowsiness, dry mouth, increase in blood pressure and pulse, insomnia, orthostatic hypotension, prolonged QT interval

References

Post, Robert E., MD, MS, and Stuart L. Kurlansik, PhD. "Diagnosis and Management of Attention-Deficit/Hyperactivity Disorder in Adults". *Am Fam Physician*. 2012; 85(): 890-896. Accessed July 9, 2012.

Cleveland Clinic. Center for Continuing Education, Disease Management Project.

<http://www.clevelandcliniced.com/medicalpubs/diseasemanagement/psychiatry-psychology/attention-deficit-hyperactivity-disorder-in-adults/>

Resources

CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) <http://www.chadd.org/>

National Institute on Mental Health <http://www.nimh.nih.gov/>

National Resource Center on ADHD <http://www.help4adhd.org/>

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OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Requested: CNS Stimulants for Adults Age 19 and Above

- A review of written documentation to substantiate a complete, appropriate, and covered diagnosis for both new starts and members currently receiving any CNS stimulant listed below will be required before Prior Authorization approval. **Prescribing history alone WILL NOT meet criteria for approval.**

Please Indicate the Drug Below:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> amphetamine/dextroamphetamine (Adderall) | <input type="checkbox"/> dextroamphetamine ER (Dexedrine Spansule) | <input type="checkbox"/> dexamethylphenidate (Focalin) | <input type="checkbox"/> methylphenidate ER (Ritalin SR/Metadate ER) |
| <input type="checkbox"/> amphet/dextroamphetamine ER (Adderall XR) | <input type="checkbox"/> dextroamphetamine (Dextrostat) | <input type="checkbox"/> dexamethylphenidate ER (Focalin XR) | <input type="checkbox"/> methylphenidate LA (Ritalin LA) |
| <input type="checkbox"/> Adzenys XR-ODT™ | <input type="checkbox"/> methamphetamine | <input type="checkbox"/> methylphenidate (Ritalin/Methylin) | <input type="checkbox"/> Aptensio XR™ |
| <input type="checkbox"/> Dyanavel™ XR | <input type="checkbox"/> Evekeo® | <input type="checkbox"/> methylphenidate ER (Concerta) | <input type="checkbox"/> Quillichew® ER |
| <input type="checkbox"/> dextroamphetamine (ProCentra) | <input type="checkbox"/> Vyvanse® | <input type="checkbox"/> Daytrana® | <input type="checkbox"/> Quillivant XR® |
| <input type="checkbox"/> dextroamphetamine (Zenzedi) | | <input type="checkbox"/> methylphenidate CD (Metadate CD) | |

Please indicate the diagnosis (ICD code and description) below:

****BINGE EATING DISORDER - please obtain BED specific form**

<input type="checkbox"/> ADHD/ADD ICD-9/10: _____ Description: _____ <p style="color: red; font-size: small;">*please complete form below and attach/fax any documentation as requested</p>	<input type="checkbox"/> Narcolepsy ICD-9/10: _____ Description: _____ <p style="color: red; font-size: small;">*please attach and fax documentation (i.e. sleep study) to support diagnosis</p>	<input type="checkbox"/> Other* ICD-9/10: _____ Description: _____ <p style="color: red; font-size: small;">*please attach and fax documentation (i.e. chart notes, previous therapies tried) to support diagnosis</p>
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***NON-FDA approved indications** - please submit 2 peer reviewed clinical studies documenting the safety and efficacy of the specified drug for that particular indication.

For an indication of ADHD/ADD please fill out form below:

Name of Diagnosing Prescriber: _____ Date of Diagnosis: _____

If the patient was diagnosed by another prescriber as either a child or an adult please submit the name of the prescriber, the date of diagnosis, and copies of testing and chart notes detailing signs and symptoms. Please include any additional evaluation done as the prescribing physician in the chart below or as a faxed attachment.

The following criteria **MUST** be met and documented: *(please check each box)*

<input type="checkbox"/> Existence of <u>at least 5</u> symptoms for <u>a minimum of 6 months?</u> (please indicate symptoms below) <ul style="list-style-type: none"> <input type="checkbox"/> Inattentive Symptoms: 5 or more <input type="checkbox"/> Hyperactive-Impulsive Symptoms: 5 or more <input type="checkbox"/> Combined Symptoms: 5 or more of both inattentive and hyperactive-impulsive symptoms
<input type="checkbox"/> Documentation that symptoms impair or compromise normal functioning.
<input type="checkbox"/> Documentation that symptoms are present in 2 or more settings/environments (please indicate settings): 1. _____ 2. _____

(continued on next page)

<input type="checkbox"/> Documentation of inattentive or hyperactive-impulsive symptoms before the age of 12. (if available, please indicate source below) <input type="checkbox"/> Medical Chart/Progress Notes documenting childhood diagnosis and/or symptoms <input type="checkbox"/> School Records <input type="checkbox"/> Corroborated by a relative/friend <input type="checkbox"/> Not Available
<input type="checkbox"/> Symptoms are not better explained by another disorder (e.g. Schizophrenia, Mood Disorder, Anxiety Disorder, Substance Abuse, Dissociative Disorder, or Personality Disorder)
<input type="checkbox"/> The diagnosis has been verified using a standardized rating scale <input type="checkbox"/> Adult Self-Report Scale- V1.1 <input type="checkbox"/> Wender Adult ADHD Rating Scale <input type="checkbox"/> Other: _____
<input type="checkbox"/> PLEASE ATTACH THE PATIENT-SPECIFIC DSM CRITERIA AND STANDARDIZED RATING SCALE USED TO MAKE THE DIAGNOSIS.
**Please be aware if this request is for a dose that exceeds Optima Health's Maximum Daily Dosage Limits a second prior authorization request will need to be submitted for dosage approval. The correct form can be downloaded from http://providers.optimahealth.com/.

PAID transaction(s) will be verified through Pharmacy claims.

Patient Name: _____
Member Optima #: _____ Member Date of Birth: _____
Prescriber Name: _____
Prescriber Signature: _____ Date: _____
Phone Number: _____ Fax Number: _____
DEA/NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 7/17/2014

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