

Clinical Guidelines and Related Provider Requirements: The Pharmacologic Treatment of ADHD in Children and Adolescents

Community Behavioral Health (CBH) has adopted Clinical Practice Guidelines (CPGs) to outline best practices for the treatment of specific disorders or certain populations. These guidelines will be used by CBH to assess the quality of care provided to CBH members. As such, providers are advised to review and, where appropriate, implement these best practices in their care. CPGs apply to all clinical settings where care is delivered to members. CPGs should be used in conjunction with any level-of-care-specific performance standards, as well as all other required CBH, state, and federal regulations and standards.

CBH has created new guidelines for the pharmacologic treatment of attention deficit and hyperactivity disorder (ADHD) in children and adolescents. The most recent version of all CPGs can be found on the [CBH Clinical Practice Guidelines webpage](#).

To ensure alignment and best practices, CBH recommends that providers review the CPGs and make any necessary updates or revisions to provider policies and procedures.

Significant changes to the ADHD Clinical Practice Guidelines include:

- Updated medication side effect monitoring considerations and approved medications
- Inclusion of additional prescribing and treatment guidelines surrounding recommendations for initial in-person evaluations, physical exams, medication initiation, and psychoeducation
- Expanded language surrounding coordination and care/linkages, assessments, safety and diversion, ADHD and psychiatric co-morbidities, and transition age youth as a special population

Adherence to the CPGs will be assessed through CBH monitoring and oversight, including Quality, Clinical, and Compliance Department protocols. To assess quality of care and align with state and regulatory requirements, CBH will also be utilizing several specific metrics for the CPG, which are detailed in the table below.

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Clinical Guidelines	Quality Metrics
<p><u>Clinical Practice Guidelines for the Pharmacologic Treatment of Attention Deficit and Hyperactivity Disorder (ADHD) in Children and Adolescents</u></p>	<ul style="list-style-type: none"> ➔ HEDIS ADD: Appropriate medication follow-up appointment for children and adolescents prescribed medications for ADHD in initiation and continuation phase <ul style="list-style-type: none"> » Initiation Phase: Assesses children between age 6-12 who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication » Continuation Phase: Assesses children between age 6-12 who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least 2 follow-up visits with a practitioner in the 9 months following Initiation Phase ➔ Appropriate use of medication for children and adolescents diagnosed with ADHD (percentage of members with ADHD prescribed FDA-approved medications, other medications, and no medication)

*These requirements take effect **March 26, 2026**. Please direct questions regarding the Pharmacologic Treatment of ADHD in Children and Adolescents to michelle.reece@phila.gov.*