



[Insert Date]

«prescriber_mailer_name»
 «prescriber_address» «prescriber_address2»
 «prescriber_city», «prescriber_state» «prescriber_zip»

Dear «prescriber_mailer_name»:

You have been identified as prescribing an Attention Deficit Hyperactivity Disorder (ADHD) medication for an Amerigroup member or members. Your specialty has been identified by Amerigroup's behavioral health specialists as a specialty that does not typically treat ADHD or related disorders and as such does not standardly prescribe medications in the ADHD class.. Below is your patient(s) name(s) ,the drug(s) you prescribed and the specialty that we have recorded for you..

<Member Name>	<Drug Label Name>	<Prescriber's Specialty>
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Below are the most updated guidelines published by the American Academy of Pediatrics for your review.(ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Pediatrics. Vol. 128, No. 5, Nov 2011)

1. The primary care clinician should initiate an evaluation for ADHD for any child four (4) through eighteen (18) years of age who presents with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity.
2. To make a diagnosis of ADHD, ***the primary care clinician should determine that DSM-IV criteria have been met, including documentation of impairment in more than one setting.*** Information should be obtained primarily from reports from parents or guardians, teachers, and other school and mental health clinicians. The primary care clinician should also rule out any alternative cause.
3. Making the diagnosis of ADHD in adults can be more challenging. Clinicians must establish that diagnostic criteria for the disorder were met in childhood. Systematic research is still needed to address diagnosing adults with ADHD. (Diagnosing Adult Attention Deficit Hyperactivity Disorder: Are Late Onset and Subthreshold Diagnoses Valid? Am J Psychiatry. Vol 163, No. 10, Oct 2006)
4. Children should be assessed for other conditions that might coexist with ADHD, such as oppositional defiant and conduct disorders, anxiety, depression, developmental and physical (tics, sleep apnea) conditions.
5. ***First line of treatment for preschool-aged children four (4) to five (5) years old should be evidence-based parent or teacher-administered behavior therapy.*** Methylphenidate may be prescribed if the behavior interventions do not provide significant improvement and there is moderate to severe continuing disturbance in the child's function.
6. For six (6) to eleven (11) years of age, FDA approved medications for ADHD and/or behavior therapy is recommended; preferably both. Evidence is strong for using stimulants and sufficient but less strong for non-stimulants.
7. For twelve (12) to eighteen (18) years of age, FDA approved medications for ADHD and behavior therapy is recommended with preference being on both treatments.

More detailed clinical guidelines can be found on our provider website at www.providers.amerigroup.com. You will note that we recommend the use of screening tools such as the Connor's in order to help ensure that the diagnosis of ADHD is accurate.

We appreciate your ongoing support of Amerigroup and the quality care you continuously provide to members. If there are any questions, suggestions or concerns please do reach out to me directly.

Sincerely,

Juliana Ekong, MD
VP National Behavioral Health Medical Director

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