Developing Concerns: ADHD Medication Shortages

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ADHD affects millions of US children, and is the **most diagnosed neurobehavioral condition with a lifetime prevalence of 11.4%**. Prescription stimulants are the first-line treatment for ADHD in children when pharmacotherapy is required. However, ADHD medications continue to be in short supply, leading pediatricians and families to spend excessive time and effort monthly to secure prescribed medications. While the national AAP and other professional organizations have tried unsuccessfully to work with the FDA and DEA to resolve these issues, there is important new information that you should be aware of regarding this issue.

First, in the February issue of Pediatrics, He et al (Pediatrics 2025, 155(2) e2024068558) evaluated the changes in prescription stimulant dispensing form 2017-2023 with a database that captures 92%of US prescriptions. They found that the number of stimulant prescriptions for children were below levels predicted by pre-pandemic trends at the end of 2023. However, more children are being diagnosed with ADHD than ever before. As Weas and Barbaresi note in an accompanying editorial, this suggests that there is a large proportion of children with ADHD who are undertreated. In addition, there are continuing disparities, with lower rates among, Black, Asian and Hispanic children. As they opine “there are still many groups who are mis- or underdiagnosed”.

Second, in January 2025 the DEA unveiled telehealth rules for Adderall, Ritalin and other Schedule II controlled substances. This announcement was 16 years in the making, and public comment must be submitted by March 18, 2025 at the *http://www.regulations.gov* portal. Before discussing the proposed regulations, it is important to highlight that the proposed regulations do not affect practitioner-patient relationships in cases where an in-person medical evaluation has occurred at any point within the relationship. Once an in-person medical evaluation has taken place, the practitioner-patient relationship falls outside the scope of the *Ryan Haight Act* and the new proposed DEA regulations implementing the *Ryan Haight Act.*
The proposed regulatory changes would establish a Special Registration framework and authorize three types of Special Registration. This proposed rulemaking also provides for heightened prescription, recordkeeping, and reporting requirements. DEA believes such changes are necessary to effectively expand patient access to controlled substance medications via telemedicine while mitigating the risks of diversion associated with such expansion.

The DEA has provided the below infographic to assist physicians in understanding the new rules.

Third, on February 13, 2025 President Trump issued an executive order that specifically targeted the use of stimulants and other psychiatric medications in children. President

Trump has instructed his administration to scrutinize the “threat” to children posed by antidepressants, stimulants and other common psychiatric drugs, targeting medication taken by millions in his latest challenge to long-standing medical practices. The directive came in an executive order Thursday that established a “Make America Healthy Again” commission led by Secretary of Health and Human Services Robert F. Kennedy Jr. Kennedy has criticized the use of those drugs and issued false claims about them.
The order said the commission should prepare a “Make Our Children Healthy Again” assessment within 100 days that examines “the prevalence of and threat posed by the prescription of selective serotonin reuptake inhibitors, antipsychotics, mood stabilizers, stimulants, and weight-loss drugs.”

As noted in the executive order “within 180 days of the date of this order, the Commission shall submit to the President a Make Our Children Healthy Again Strategy based on the findings. The Strategy shall address appropriately restructuring the Federal Government’s response to the childhood chronic disease crisis, including by ending Federal practices that exacerbate the health crisis or unsuccessfully attempt to address it, and by adding powerful new solutions that will end childhood chronic disease.”



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