New Hampshire Medicaid Fee-for-Service Program

CNS Stimulant and ADHD/ADD Medications Criteria

Approval Date: July 12, 2022

Medications

Brand Names	Generic Names	Indications	Dosage Strengths	Dosage Form
Adzenys ER, Adzenys XR-ODT®	**amphetamine ER**	≥ 6 y/o and adults ADHD	ODT: 3.1 mg, 6.3 mg, 9.4 mg 12.5 mg, 15.7 mg, 18.8 mg suspension: 562.5 mg/450 mL (1.25 mg/mL)	ODT/suspension
Dyanavel® XR		≥ 6 y/o and adults ADHD	1,160 mg/464 mL (2.5 mg/mL)	suspension
Adderall®	**amphetamine mixed salts**	≥ 3–17 y/o ADHD, ≥ 6 y/o narcolepsy	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg	tablet
Adderall® XR	**amphetamine mixed salts ER**	≥ 6 y/o and adults ADHD	5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	capsule
Mydayis®		≥ 13 y/o and adults ADHD	12.5 mg, 25 mg, 37.5 mg, 50 mg	capsule
Evekeo®	**amphetamine sulfate**	≥ 6–17 y/o ADHD, ≥ 6 y/o narcolepsy, exogenous obesity age ≥12 years	5 mg, 10 mg	tablet
Evekeo® ODT		≥ 3–17 y/o ADHD	2.5, 5, 10, 15, 20 mg	ODT
Nuvigil®	**armodafinil**	≥ 17 y/o OSA, narcolepsy, shift work sleep disorder	50 mg, 150 mg, 200 mg, 250 mg	tablet
Strattera®	**atomoxetine**	≥ 6 y/o and adults ADHD	10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg	capsule
Kapvay®	**clonidine ER**	> 6–17 y/o ADHD	0.1 mg, 0.2 mg	tablet
Focalin®	**dexmethylphenidate**	≥ 6 y/o ADHD	2.5 mg, 5 mg, 10 mg	tablet
Focalin® XR	**dexmethylphenidate ER**	≥ 6 y/o ADHD and adults	5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	Capsule

Brand Names	Generic Names	Indications	Dosage Strengths	Dosage Form
ProCentra®	**dextroamphetamine**	≥ 3–16 y/o ADHD, ≥ 6 y/o narcolepsy	5 mg/5mL	solution
Zenzedi®		≥ 3–16 y/o ADHD, narcolepsy	2.5 mg, 5 mg, 7.5mg, 10 mg, 15 mg, 20mg, 30 mg	tablet
Dexedrine Spansule®	**dextroamphetamine ER**	≥ 6 y/o ADHD, narcolepsy	5 mg, 10 mg, 15 mg	capsule
Intuniv®	**guanfacine ER**	≥ 6–17 y/o ADHD	1 mg, 2 mg, 3 mg, 4 mg	tablet
Vyvanse®	**lisdexamfetamine dimesylate**	≥ 6 y/o and adults ADHD; moderate to severe binge eating disorder in adults	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (capsule only)	capsule/ chewable tablet
Desoxyn®	**methamphetamine**	≥ 6–17 y/o to ADHD, exogenous obesity in ≥ 12 y/o and adults	5 mg	tablet
Daytrana®	**methylphenidate**	≥ 6 y/o ADHD	10 mg, 15 mg, 20 mg, 30 mg per 9 hours	transdermal patch
Methylin®		≥ 6 y/o ADHD, narcolepsy	tablet: 5 mg, 10 mg, 20 mg; chewable: 2.5 mg, 5 mg, 10 mg; oral solution: 5 mg/mL, 10 mg/5 mL	tablet/chewable tablet/oral solution
Ritalin®		≥ 6–17 y/o ADHD, narcolepsy	tablet: 5 mg, 10 mg, 20 mg; chewable: 2.5 mg, 5 mg, 10 mg; oral solution: 5 mg/mL, 10 mg/5 mL	tablet/chewable tablet/oral solution
Adhansia XR®	**methylphenidate ER**	≥ 6 y/o ADHD	25 mg, 35 mg, 45 mg, 55 mg, 70 mg, 85 mg (ER)	capsule
Aptensio® XR		≥ 6 y/o and adults ADHD	10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	capsule
Concerta®		≥ 6 y/o and adults ADHD	18 mg, 27 mg, 36 mg, 54 mg, 72 mg (generic only)	tablet
Cotempla® XR-ODT		≥ 6 y/o ADHD	8.6 mg, 17.3 mg, 25.9 mg	ODT
Jornay PM®		≥ 6 y/o and adults ADHD	20 mg, 40 mg, 60 mg, 80 mg, 100 mg	capsule
Metadate® CD		≥ 6 y/o ADHD	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (CD)	capsule
Metadate® ER		≥ 6 y/o ADHD and adults, narcolepsy	10 mg, 20 mg (ER)	tablet
Methylin® ER		≥ 6 y/o ADHD, narcolepsy	10 mg, 20 mg (ER)	tablet

Brand Names	Generic Names	Indications	Dosage Strengths	Dosage Form
QuilliChew® ER	**methylphenidate ER**	≥ 6 y/o and adults ADHD	20, 30, 40 mg (20 and 30 mg strengths are scored; 40 mg is not scored)	chewable tablet
Quillivant® XR		≥ 6 y/o and adults ADHD	300 mg/60 mL, 600 mg/120 mL, 750 mg/150 mL, 900 mg/180 mL (5 mg/mL)	suspension
Ritalin LA®		≥ 6–17 y/o ADHD	10 mg, 20 mg, 30 mg, 40 mg, 60 mg (LA)	tablet
Provigil®	**modafinil**	≥ 17 y/o OSA, narcolepsy, shift work sleep disorder	100 mg, 200 mg	tablet
Wakix®	**pitolisant**	≥ 18 y/o narcolepsy	4.45 mg, 17.8 mg	tablet
Azstarys®	**serdexmethylphenidate/ dexmethylphenidate**	≥ 6 y/o and adults ADHD	26.1/5.2 mg, 39.2/7.8 mg, 52.3/10.4 mg	capsule
Sunosi®	**solriamfetol**	≥ 18 y/o OSA, narcolepsy	75 mg, 150 mg	tablet
Qelbree®	**viloxazine**	≥ 6 y/o ADHD	100 mg, 150 mg, 200 mg	capsule

Criteria for Approval

1. Patients under the age of 21 are exempt from prior approval requirements for preferred medications only.
2. Prior approval will be granted for FDA (Food and Drug Administration)-approved indications listed above.
3. Modafinil and armodafinil may also be approved for fatigue due to multiple sclerosis.
4. Patients who are 21 years of age or older and meet at least one of the following conditions:
    a. Depression with marked fatigue associated with cancer, HIV (human immunodeficiency virus) infection, traumatic brain injury, or other debilitating conditions including severe or multi-drug resistant depression.
5. Daytrana patch® and ProCentra® will only be approved for swallowing issues.
6. Evekeo® and Desoxyn® can also be approved for exogenous obesity in patients ≥ 12 years old (four weeks only).
7. Vyvanse® can be approved for moderate to severe binge eating disorder in patients ≥ 18 years old.

Criteria for Denial

1. Intuniv® will be denied if history of low blood pressure or low heart rate.

2. Kapvay® will be denied if patient is on concurrent clonidine containing products.
3. Prior approval will be denied if the approval criteria are not met.
4. Prior approval will be denied for:
    a. Medications without an FDA-approved diagnosis listed above.
    b. Use as an anorexia agent unless there is an FDA approved indication for use as an anorexiant.

Length of Approval: One year

Non-preferred drugs on the preferred drug list (PDL) require additional prior approval (PA).

References

Available upon request.

Revision History

Reviewed By	Reason for Review	Date Approved
Pharmacy & Therapeutic Committee	New	01/16/2003
Pharmacy & Therapeutic Committee	Update	03/24/2005
Commissioner	Approval	04/15/2005
DUR Board	Revision	10/25/2010 tabled until next DUR meeting
DUR Board	Revision	03/23/2011
Commissioner	Approval	06/07/2011
DUR Board	Newly available generic to category	10/19/2011
Commissioner	Approval	04/12/2012
	New drugs to market	09/02/2014
DUR Board	Update	05/31/2016
Commissioner	Approval	6/18/2016
DUR Board	Update	09/27/2018
Commissioner Designee	Approval	11/27/2018
DUR Board	Update	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Update	06/30/2020
Commissioner Designee	Approval	08/07/2020
DUR Board	Update	12/02/2021
Commissioner Designee	Approval	01/14/2022

Reviewed By	Reason for Review	Date Approved
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022