

Quick Reference Drug List

ADHD

US Script Contact Information: Prior Authorization Phone: 1-866-399-0928
 Prior Authorization Fax: 1-866-399-0929
 Clinical Hours: Monday – Friday
 10:00am – 8:00pm EST



Buckeye Community Health Plan Provider Services Phone: 1-866-296-8731

Key: * = Generic product available

Please note: This document is not meant to be an all-encompassing view of either the Medicaid PDL or Medicare Formulary. It is a supplemental document meant to be used as quick reference for those providers may who find it useful.

Drug	Dosage Form	Medicaid PDL Status
Amphetamines		
amphetamine/ dextroamphetamine mix* (Adderall®)	Tabs: 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, 30mg	Yes
amphetamine/ dextroamphetamine ER mix* (Adderall XR®)	XR caps: 5mg, 10mg, 15mg, 20mg, 25mg, 30mg	Yes – Age limit – allowed for children over 6 years old
dextroamphetamine* (Dexedrine®, Procentra®)	Tabs: 5mg, 10mg	Yes-except liquid
methamphetamine* (Desoxyn®)	Tabs: 5mg	PA required
Vyvanse® (lisdexamfetamine)	Caps: 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	PA required
Dexmethylphenidate		
dexmethylphenidate* (Focalin®) (Focalin XR®)	Tabs: 2.5mg, 5mg, 10mg Caps ER: 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg (BRAND only)	Yes – tablets only
Methylphenidate		
methylphenidate OSM Concerta®	Tabs: 18mg, 27mg, 36mg, 54mg	Yes – Age limit - allowed for children over 6 years old
Daytrana® (methylphenidate)	Patch: 10mg/9HR, 15mg/9HR, 20mg/9HR, 30mg/9HR	PA required
Metadate CD® (methylphenidate)	Caps: 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Yes – Age limit - allowed for children over 6 years old
methylphenidate sol* (Methylin®)	Solution: 5mg/5ml, 10mg/5ml	Yes
methylphenidate HCL* (Ritalin®) (Ritalin SR®) (Methylin®) (Metadate ER)	Tabs: 5mg, 10mg, 20mg ER tabs: 10mg, 20mg Chew tabs: 2.5mg, 5mg, 10mg (BRAND only)	Yes – except chew tabs Age limit – allowed for children over 6 years old
Methylphenidate* Ritalin LA®	Caps: 10mg, 20mg, 30mg, 40mg	PA required
Quillivant XR (methylphenidate)	XR liquid – market arrival pending	PA required
Antiadrenergic Agents – Centrally Acting		
Intuniv® (guanfacine)	Tabs ER: 1mg, 2mg, 3mg, 4mg	PA required
guanfacine HCL* (Tenex®)	Tabs: 1mg, 2mg	Yes
Kapvay® (clonidine)	Tabs 12HR: 0.1mg	PA required

Drug	Dosage Form	Medicaid PDL Status
Nexiclon XR® (clonidine)	Tabs 24-ER: 0.17mg LIQ ER: 0.09mg/mL	PA required
clonidine* (Catapres®)	Tabs: 0.1mg, 0.2mg, 0.3mg	Yes
Miscellaneous		
Strattera® (atomoxetine)	Caps: 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	PA required
bupropion HCL* (Wellbutrin®) (Wellbutrin SR®) (Wellbutrin XL®) (Aplenzin®)	Tabs: 75mg, 100mg Tabs 12-HR: 100mg, 150mg, 200mg Tabs 24-HR: 150mg, 300mg (174mg, 348mg, 522mg BRAND only)	Yes – except Tabs 24-HR 174mg, 348mg, 522mg