

ADHD MEDICATIONS BHP MEDICAID COVERAGE



MEDICATION	DOSAGE FORM	STRENGTH	MEDICAID COVERAGE
Amphetamine			
Amphetamine (Adzenys XR-ODT [®])	Dispersible Tablet	3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	PA
Amphetamine (Dyanavel XR [®])	Suspension	2.5mg/ mL	PA
Amphetamine (Evekeo [®])	Tablet	5mg, 10mg	PA
*Amphetamine/dextroamphetamine mix (Adderall[®])	Tablet	5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, 30mg	Covered, MDD: 2 per day
*Amphetamine/dextroamphetamine mix ER (Adderall XR[®])	Capsule	5mg, 10mg, 15mg, 20mg, 25mg, 30mg	Covered, MDD: 1 per day
*Dextroamphetamine IR (Dexedrine[®])	Tablet	5mg, 10mg	Covered, MDD: 2 per day
*Dextroamphetamine IR (ProCentra[®])	Solution	5mg/ 5mL	PA
Dextroamphetamine IR (Zenedi [®])	Tablet	2.5mg, 7.5mg, 15mg, 20mg, 30mg	PA
*Dextroamphetamine SR	Capsule	5mg 10mg, 15mg	Covered, MDD: 1 per day Covered, MDD: 2 per day
Lisdexamfetamine (Vyvanse [®])	Capsule	10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	PA, MDD: 1 per day
*Methamphetamine (Desoxyn[®])	Tablet	5mg	PA
Dexmethylphenidate			
*Dexmethylphenidate (Focalin[®])	Tablet	2.5mg, 5mg, 10mg	Covered, MDD: 2 per day
*Dexmethylphenidate ER (Focalin XR[®])	Capsule	5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	PA, MDD: 1 per day
Methylphenidate			
*Methylphenidate ER 24 Hour (Aptensio XR[®])	Capsule	20mg, 30mg, 40mg, 60mg	PA
*Methylphenidate OSM (Concerta[®])	Tablet	18mg, 27mg, 54mg	Covered, MDD: 1 per day
		36mg	Covered, MDD: 2 per day
*Methylphenidate ER tabs (Metadate ER[®], Ritalin SR[®])	Tablet	10mg, 20mg	Covered, MDD: 2 per day
Methylphenidate Patch (Daytrana [®])	Patch	10mg/9HR, 15mg/9HR, 20mg/9HR, 30mg/9HR	PA
*Methylphenidate ER (Metadate CD[®])	Capsule	10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Covered, MDD: 1 per day
Methylphenidate Chewable (Methylin [®])	Chewable tablet	2.5mg, 5mg, 10mg	PA
*Methylphenidate Solution (Methylin[®])	Solution	5mg/5mL, 10mg/5mL	Covered
Methylphenidate Chewable ER (QuilliChew ER [®])	Chewable ER tablet	20mg, 30mg, 40mg	PA
Methylphenidate Suspension Reconstituted (Quillivant XR [®])	Suspension	25mg/5mL	PA
*Methylphenidate (Ritalin[®])	Tablet	5mg, 10mg, 20mg	Covered, MDD: 3 per day
Centrally Acting Antiadrenergic			
*Clonidine (Catapres[®])	Tablet	0.1mg, 0.2mg, 0.3mg	Covered
*Clonidine ER 12 hours (Kapvay[®])	Tablet	0.1mg	PA
*Guanfacine ER (Intuniv[®])	Tablet	1mg, 2mg, 3mg, 4mg	PA
*Guanfacine (Tenex[®])	Tablet	1mg, 2mg	Covered
Miscellaneous			
Atomoxetine (Strattera [®])	Capsule	10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	PA
*Modafinil (Provigil[®])	Tablet	100mg, 200mg	PA

Covered = Medication on preferred drug list (PDL) without requirement of prior authorization. Restrictions may apply such as quantity limits.

*Generic equivalent available

ABBREVIATIONS: ER/XR = extended-release, IR = immediate-release, MDD: = max daily dose, ODT = oral disintegrating tablet, PA = prior authorization required, SR = sustained-release