

New Hampshire Medicaid Fee-for-Service Program CNS Stimulant and ADHD/ADD Medications Criteria

Approval Date: June 10, 2024

Medications

Brand Names	Generic Names	Indications	Dosage Strengths	Dosage Form
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	ODT
Dyanavel XR		≥ 6 y/o and adults ADHD	Suspension: 1,160 mg/464 mL (2.5 mg/mL) Tablets: 5 mg, 10 mg, 15 mg, 20 mg	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		≥ 6–17 y/o ADHD	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	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

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Brand Names	Generic Names	Indications	Dosage Strengths	Dosage Form
ProCentra	dextroamphetamine	≥ 3–16 y/o ADHD, ≥ 6 y/o narcolepsy	5 mg/5mL	solution
Xelstrym		≥ 6 y/o and adults ADHD	4.5 mg, 9 mg, 13.5 mg, 18 mg per 9 hours	transdermal patch
Zenzedi		≥ 3–16 y/o ADHD, narcolepsy	2.5 mg, 5 mg, 7.5mg, 10 mg, 15 mg, 20 mg, 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/5 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/5 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, 45 mg, 54 mg, 63 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

Brand Names	Generic Names	Indications	Dosage Strengths	Dosage Form
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
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
Azstarys	serdexmethylphenidate/ dexamethylphenidate	≥ 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

***For requests for Wakix (pitolisant), use Wakix Criteria.**

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:
 - Depression with marked fatigue associated with cancer, human immunodeficiency virus (HIV) infection, traumatic brain injury, or other debilitating conditions including severe or multi-drug resistant depression.
5. Daytrana patch, Xelstrym, and ProCentra will only be approved for swallowing issues.

6. Evekeo and Desoxyn can also be approved for exogenous obesity in patients 12 years of age or older (four weeks only).
7. Vyvanse can be approved for moderate to severe binge eating disorder in patients 18 years of age or older.

Criteria for Denial

1. Intuniv and Kapvay will be denied if history of low blood pressure or low heart rate.
2. Prior approval will be denied if the approval criteria are not met.
3. Prior approval will be denied for:
 - Medications without an FDA-approved diagnosis listed above.
 - 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
N/A	New drugs to market	09/02/2014
DUR Board	Update	05/31/2016
Commissioner	Approval	6/18/2016
DUR Board	Update	09/27/2018

Reviewed By	Reason for Review	Date Approved
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
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022
DUR Board	Revision	12/13/2022
Commissioner Designee	Approval	01/26/2023
DUR Board	Revision	05/07/2024
Commissioner Designee	Approval	06/10/2024