Quick Reference Drug List: ADHD Medications

Peach State Health Plan has compiled a list of available products used to treat this condition. This reference will help identify preferred products, in addition to some limitations or step-therapies when a product requires a prior authorization. Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review. Generic products are preferred.

Prior Authorizations should be sent to **Pharmacy Services**:
Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Amphetamines (Stimulant)				
Adderall®	Mixed Amphetamines	Tabs: 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, 30mg	Yes	QL=2 per day; AL= at least 3 years old
Adderall XR®	Mixed Amphetamines	ER Caps: 5mg, 10mg, 15mg, 20mg, 25mg, 30mg	Yes	QL=1 per day; AL= at least 6 years old
Adzenys XR-ODT®	Amphetamine	XR ODT: 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	No	PA Required
Desoxyn®	Methamphetamine	Tabs: 5mg	No	PA Required
Dexedrine Spansule®	Dextroamphetamine	SR Caps: 5mg, 10mg, 15mg	Yes	QL=2 per day; AL= at least 6 years old
Dextrostat®	Dextroamphetamine	Tabs: 5mg, 10mg	Yes	QL=2 per day; AL= at least 3 years old
Dyanavel XR®	Amphetamine	XR Susp: 2.5mg/ml	No	PA Required
Evekeo®	Amphetamines	Tabs: 5mg, 10mg	No	PA Required
Evekeo ODT	Amphetamines	ODT: 5mg, 10mg, 15mg, 20mg	No	PA Required
Mydayis	Mixed Amphetamine	XR Caps: 12.5mg, 25mg, 37.5mg, 50mg	No	PA Required
Procentra®	Dextroamphetamine	Oral Sol: 1mg/ml	No	PA Required
Vyvanse®	Lisdexamfetamine	Caps: 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; ER Chew: 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Yes	QL=1 per day PA required
Xelstrym®	dextroamphetamine	TD Patch: 4.5mg, 9mg, 13.5mg, 18mg/9 hour	No	PA Required
Zenzedi®	Dextroamphetamine	Tabs: 2.5mg, 7.5mg, 15mg, 20mg, 30mg	No	PA Required

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Methylphenidates (Stimulant)				
Aptensio XR®	Methylphenidate	Caps: 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	No	PA Required
Azstarys®	Serdexmethylphenidate/dexmethylphenidate	Caps: 36.1mg/5.2mg, 39.2mg/7.8mg, 52.3mg/10.4mg	No	PA Required
Concerta®	Methylphenidate	ER Tabs: 18mg, 27mg, 36mg, 54mg	Yes	QL=1 per day (18, 27, 54 only); QL=2 per day (36mg only); AL= at least 6 years old (all strengths):
Cotempla XR-ODT®	Methylphenidate	XR ODT: 8.6mg, 17.3mg, 25.9mg	No	PA Required
Daytrana®	Methylphenidate	TD Patch: 10mg, 15mg, 20mg, 30mg/9 hour	No	PA Required
Focalin®	Dexmethylphenidate	Tabs: 2.5mg, 5mg, 10mg	Yes	QL=2 per day; AL= at least 6 years old
Focalin XR®	Dexmethylphenidate	XR Caps: 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	No	PA Required
Jornay PM	Methylphenidate	ER Cap: 20, 40, 60, 80, 100mg	No	PA Required
Metadate CD®	Methylphenidate (generic only)	ER Caps: 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Yes	QL=1 per day; AL= at least 6 years old
Methylin Chewable Tabs®	Methylphenidate (generic only)	Chew Tabs: 2.5mg, 5mg, 10mg	No	PA Required
Methylin Sol®	Methylphenidate	Oral Sol: 5mg/5ml, 10mg/5ml	Yes	QL=900ml per 30 days (10mg/5ml only), QL=1800ml per 30 days (5mg/5ml only); AL= at least 3 years old
QuilliChew ER®	Methylphenidate	ER Chew Tabs: 20mg, 30mg, 40mg	No	PA Required
Quillivant XR®	Methylphenidate	ER Oral Susp:5mg/ml	No	PA Required
Relexxii®	Methylphenidate	ER Tabs: 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg	Yes (all except 45,63mg, and 72mg)	QL= 2 per day (36mg only); QL= 1 per day (18, 27, 54mg only); AL= at least 6 years old; PA Required (45,63mg, and 72mg only)

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Ritalin®	Methylphenidate	Tabs: 5mg, 10mg, 20mg	Yes	QL=6 per day (5mg only); QL=3 per day (10 and 20mg only) AL= at least 3 years old (all strengths)
Ritalin LA®	Methylphenidate (generic available only)	LA Caps: 10mg, 20mg, 30mg, 40mg, 60mg	No	PA Required
Non-stimulants				
Catapres®	Clonidine	Tabs: 0.1mg, 0.2mg, 0.3mg	Yes	None
Intuniv®	Guanfacine	ER Tabs: 1mg, 2mg, 3mg, 4mg	Yes	QL=1 per day; AL=at least 6 years old
Kapvay®	Clonidine	ER Tabs: 0.1mg	Yes	None
Onyda XR®	Clonidine	ER Susp: 0.1mg/ml	No	PA Required
Qelbree®	Viloxazine	Caps: 100mg, 150mg, 200mg	No	PA Required
Strattera®	Atomoxetine	Caps: 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	Yes	ST; QL=1 per day; AL= at least 6 years old
Tenex®	Guanfacine (generic available only)	Tabs: 1mg, 2mg	Yes	None

Aero=Aerosol, AL=Age Limits, Act=Actuation, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, Elix=Elixer, GL=Gender Limit, GM=Gram, HR=Hour, IM=Intramuscular, Inh=Inhaler, Inj=Injection, IR=Immediate-release, LA= Long-Acting, MCG=Microgram, MDI=Metered Dose Inhaler, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, Neb=Nebulizer, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, RTL=Retail, SP= Specialty Drug, Sol=Solution, SC=Subcutaneous, SR=Sustained Release, SL=Sublingual, ST=Step Therapy, Susp=Suspension, Syr=Syrup, Tabs=Tablets, TD=Transdermal, TM= Transmucosal, TR=timed Release, XL= Extended Release, XR=Extended Release

For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at www.pshp.com