

October 2023

Hot Tip: Attention-Deficit Hyperactivity Disorder

Your Healthy Blue patients on non-preferred products may experience a pharmacy claim rejection if certain requirements are not met. Please consider prescribing preferred products whenever possible. This helps avoid additional steps or delays at the pharmacy. *Clinical Criteria* may need to be met for certain preferred products. Coverage should be verified by reviewing the *Preferred Drug List* on the Healthy Blue provider website: provider.healthybluenc.com. The *Preferred Drug List* is subject to change biannually and at the Department's discretion.

Non-preferred attention-deficit hyperactivity disorder (ADHD) products require trial and failure of two preferred drugs to be approved.

Preferred products	Non-preferred products
Aptensio XR capsule	Methylphenidate ER capsule <i>Generic for Aptensio XR</i>
Adderall XR capsule	
Amphetamine salt combo XR capsule <i>Generic for Adderall XR</i>	Strattera capsule
Adderall tablet	Methylphenidate patch <i>Generic for Daytrana</i>
Amphetamine salt combo tablet <i>Generic for Adderall</i>	Dexedrine spansule Dextroamphetamine ER capsule <i>Generic for Dexedrine spansule</i>
Atomoxetine capsule <i>Generic for Strattera</i>	
Clonidine ER tablet <i>Generic for Kapvay</i>	Focalin tablet Focalin XR capsule
	Intuniv tablet
Concerta tablet	Methylphenidate chewable <i>Generic for Methylin</i>
Methylphenidate ER tablet <i>Generic for Concerta</i>	
Daytrana patch	Methylphenidate ER tablet
Dextroamphetamine tablet <i>Generic for Dexedrine</i>	Ritalin tablet / LA capsule Methylphenidate LA capsule <i>Generic for Ritalin LA</i>
Dexmethylphenidate tablet <i>Generic for Focalin</i>	Adhansia XR capsule

<https://provider.healthybluenc.com>

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Preferred products	Non-preferred products
<p>Dexmethylphenidate ER capsules <i>Generic for Focalin XR</i></p> <p>Guanfacine ER tablet <i>Generic for Intuniv</i></p> <p>Methylin solution Methylphenidate solution <i>Generic for Methylin</i></p> <p>Methylphenidate tablet <i>Generic for Methylin/Ritalin</i></p> <p>Vyvanse capsule Vyvanse chewable tablet</p>	<p>Adzenys XR ODT / ER suspension Amphetamine ER suspension <i>Generic for Adzenys</i></p> <p>Azstarys capsule Cotempla XR ODT</p> <p>Desoxyn tablet Methamphetamine tablet <i>Generic for Desoxyn</i></p> <p>Dyanavel XR tablet / suspension¹</p> <p>ProCentra solution Dextroamphetamine solution <i>Generic for ProCentra</i></p> <p>Evekeo tablet/ODT tablet Amphetamine Sulfate tablet <i>Generic for Evekeo tablet</i></p> <p>Jornay PM capsule</p> <p>Methylphenidate CD capsule <i>Generic for Metadate CD</i></p> <p>Mydayis ER capsule</p> <p>Qelbree capsule</p> <p>Quillivant XR suspension¹ Quillichew ER tablet¹</p> <p>Relexxii ER tablet</p> <p>Xelstym patch</p> <p>Zenzedi tablet</p>
¹ Children less than 12 years of age are exempt from non-preferred requirements.	

If you have questions regarding this *Hot Tip*, please call Healthy Blue Provider Services at **844-594-5072**.