



Public Formulary Overview – British Columbia

June 2020

Formulation	Trade Name	Coverage
Long-Acting Stimulants	Foquest Biphentin	Not covered
	MPH ER / ER-C Adderall XR (*Generic Only) Vyvanse Concerta	Special Authority
	<ol style="list-style-type: none">1. For patients 6 years of age and older diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) who require 12 hours of continuous coverage for hyperactivity, impulsivity, or inattention that interferes with functioning AND have been previously tried on one of the following with unsatisfactory results* or intolerance:2. immediate- or sustained-release methylphenidate OR3. immediate- or sustained-release dextroamphetamine.	
	Special Notes <ul style="list-style-type: none">• “Unsatisfactory results” is defined as no demonstrated effectiveness for symptoms of ADHD or functional impairment secondary to ADHD after a minimum 1 week trial of an adequate dose of immediate- or sustained-release medication. Specific details of drug, dose and duration tried, and unsatisfactory response are required, as applicable.• Coverage is not intended for “performance enhancement” in patients who do not have symptoms or functional impairment.	
Short Acting Stimulants	Ritalin Ritalin SR Dexedrine Dexedrine Spansules	Covered
Non-Stimulant Medications	Strattera	Special Authority
	<ol style="list-style-type: none">1. Consideration for patients ages 6 years of age and older and diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) with hyperactivity, impulsivity, or inattention that interfere with functioning – up to 19 years old.2. Additionally, the patient has been previously tried on both methylphenidate and an amphetamine with unsatisfactory results or intolerance.*OR The patient has contraindication(s) to stimulants. Unsatisfactory trial of, or intolerance to, both methylphenidate AND an amphetamine. Defined as no demonstrated effectiveness for symptoms of ADHD or functional impairment secondary to ADHD after a <i>minimum 1 week trial</i> of an adequate dose of both methylphenidate AND an amphetamine. At least one trial must be with an extended-release/long-acting stimulant. Specific details of drug, dose and duration tried, and unsatisfactory response are required, as applicable.	

*Specific details of medication intolerance or contraindication must be included in the Special Authority Request.

Intuniv XR

Covered

*Information retrieved from the province of British Columbia in June 2020, [click here](#) to access the most up to date coverage information. Please refer to the [Special Authority](#) page for detailed information.