CANADIAN ADHD RESOURCE ALLIANCE

# Provincial and Federal Public Formulary Overview – Dec 2021

Click on the province/ federal program at the top of the chart to view the applicable information sheet. **Please note that this information is subject to change.** Each individual sheet includes a link to the relevant formulary.

| Product Information | | Provincial | | | | | | | | | | Federal | | |
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| **Product Type** | **Trade Name** | **BC** | **AB** | **SK** | **MB** | **ON** | **QC** | **NB** | **NS** | **PEI** | **NL** | **NIHB** | **CSC[1]** | **VA** |
| Long-Acting Stimulants | Foquest<br>Methylphenidate HCL | | | | | | | | | | | | | |
| | Biphentin<br>Methylphenidate HCL | | | EDS[4] | | | EM | SA[7]<br>80mg max | 80mg max TN[10] | 80mg max<br>Age 6+[12] | 80mg max[13] | | | |
| | Concerta<br>Methylphenidate HCL | SA[2]<br>*Generic Only | | | | | EM | | | CCP Max<br>Age 6+[12] | | LU | | |
| | MPH ER/ER-C<br>Methylphenidate HCL | SA[2] | MPH ER<br>MPH ER-C | | | | EM | SA[7]<br>54 mg max | TN[10] | CCP Max<br>Age 6+[12] | 54 mg max[13] | LU | | |
| | Adderall XR<br>Dextroamphetamine / Amphetamine | SA[2]<br>*Generic Only | | | | | EM | | | | | LU | | |
| | Vyvanse<br>Lisdexamfetamine | SA[2] | 20mg+ ONLY | EDS[5] | | | EM | SA[8]<br>60 mg max | 60 mg max[11] | 60 mg max | 60mg max[13] | LU | | |
| Immediate-Release Stimulants | Ritalin<br>Methylphenidate | | | | Part 2 Benefit 10, 20mg | 10 mg only | | | | | | | | |
| | Ritalin SR<br>Methylphenidate | | | | Part 2 Benefit 20mg | 20 mg only | | | | | | | | |
| | Dexedrine<br>dextroamphetamine | | | | Part 2 Benefit 5mg | | | | | | | LU | | |
| | Dexedrine Spansules<br>***(intermediate acting)***<br>dextroamphetamine | | | | Part 2 Benefit 10, 15mg | | | | | | | LU | | |
| Non-Stimulants | Strattera<br>Atomoxetine | SA[3] | | EDS[6] | | | EM (Child/Adolescent) EP (Adult) 16 | | | | | SA[14] | | |
| | Intuniv XR<br>Guanfacine | | | | | LU[18] | EM (Child/Adolescent) EP (Adult) 17 | | | | | | TN[19] | |

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|---|---|
| | Open Benefit |
| | Benefit with Limitations (i.e.; age/dose/special permission) |
| | Not a benefit |

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|---|---|
| NC | Not Covered |
| TN | Therapeutic Note |
| EDS | Exceptional Drug Status |
| EM | Exceptional Medication – Physician to indicate EM code on prescription |
| SA | Special Authority |
| LU | Limited Use – Limited to the equivalent of 150mg of methylphenidate per day |

## Footnotes

[1] CSC Public information published in April 2016 (Updated December 2021) The CSC formulary is not on the government website anymore

[2] For use with individuals ages 6 years of age and older. Must require 12 hours of continuous coverage for significant and problematic disruptive behaviour, or problems with inattention that interfere with learning and; have previously been prescribed one of the following for a one-week trial at an adequate dose with unsatisfactory results: immediate or sustained-release methylphenidate, or immediate or sustained-release dextroamphetamine. Brand name Concerta is covered at the generic price by the public formulary.

[3] Must be 6 years of age and older and diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD) with hyperactivity, impulsivity, or inattention that interfere with functioning. In addition, a trail of both methylphenidate and amphetamine must have yielded unsatisfactory results, or there are contraindications to stimulant use. Unsatisfactory trial of, or intolerance to, both methylphenidate and an amphetamine 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 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, on the **Special Authority Request Form**.

[4] For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in individuals: (a) Where the use of an another (short or long-acting) formulation has not properly controlled the symptoms of ADHD; or (b) Who cannot swallow tablets/capsules whole and require a long-acting ADHD medication.

[5] For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in individuals: (a) Where the use of methylphenidate (short or long-acting formulations) or the use of dexamphetamine has not properly controlled the symptoms of the ADHD; OR (b) Who cannot swallow tablets/capsules whole and require a dissolvable form of a long-acting ADHD medication.

[6] For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in individuals who meet all of the following criteria: 1) Have failed, or are intolerant to treatment with methylphenidate and an amphetamine. 2) Treatment with atomoxetine has been recommended by, or in consultation, with a specialist in psychiatry, pediatrics or a general practitioner with expertise in ADHD.

[7] For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in patients who demonstrate significant symptoms and who have tried immediate release or slow release methylphenidate with unsatisfactory results. Claim Notes: 1) Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD. 2) The maximum dose reimbursed for each medication are as follows: Biphentin – 80 mg,

[8] For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in individuals who: 1) Demonstrate significant and problematic disruptive behaviour, or who have problems with inattention that interfere with learning; and 2) Have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine or mixed salts amphetamine with unsatisfactory results. Claim Notes: 1) Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD. 2) The maximum dose reimbursed is 60mg daily.

[9] For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in individuals for whom stimulant medications are ineffective, not tolerated, or not appropriate due to contraindication or concern of substance abuse. Claim Note: 1) Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.

[10] For individuals diagnosed with attention deficit hyperactivity disorder (ADHD) who require 12-hour continuous coverage due to academic and/or psychosocial needs, and who meet the following criteria: 1) Demonstrate significant and problematic disruptive behaviour, or who have problems with inattention that interfere with learning, and 2) Have been tried on immediate release or slow-release methylphenidate with unsatisfactory results. Requests will be considered from prescribers with expertise in ADHD. The maximum dose reimbursed is 80mg daily.

[11] For the treatment of attention deficit hyperactivity disorder (ADHD) in patients who: 1) demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; and 2) who have tried extended-release methylphenidate, dexamphetamine or mixed salts amphetamine with unsatisfactory results. Requests will be considered from prescribers with expertise in ADHD. Maximum billable dose is 60mg.

[12] For the treatment of patients age 6 years of age and older diagnosed with ADHD, who require 12 hours of continuous drug coverage due to academic and psycho-social need and who meet the following: Demonstrate significant and problematic disruptive behaviour OR have problems with inattention that interferes with learning; AND Have been tried on methylphenidate (Ritalin) immediate or sustained-release tablets with unsatisfactory results. Must be prescribed or recommended by a pediatrician, psychiatrist, or general practitioner with expertise in the treatment of ADHD. *The maximum daily approved dosage for Biphentin will be 1mg/kg/day to a maximum of 80mg per day. Concerta and MPH ER/ER-C will only be reimbursed per CCP dosing recommendations. Vyvanse will be reimbursed to a maximum of 60mg.

[13] Have experienced unsatisfactory results due to poor symptom control, side effects, administrative barriers and/or societal barriers, AND; Have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine (immediate release or long-acting formulation) with unsatisfactory results. The maximum dose reimbursed is 80mg daily for Biphentin. Concerta and MPH ER/ER-C will be reimbursed to a maximum of 72 mg. Vyvanse will be reimbursed to a maximum of 60mg. Note: Reimbursement will not be considered for Biphentin, Concerta and/or Vyvanse concurrently with methylphenidate (immediate release or long-acting formulation).

[14] Limited use benefit **(prior approval required).** For the treatment of patients with Attention Deficit Hyperactivity Disorder (ADHD) who meet one of the following criteria: 1) Failure or intolerance to methylphenidate or amphetamine; OR 2) Contraindication to stimulant medication; OR 3) Potential risk of stimulant misuse or diversion; OR 4) Prescribed or recommended by a pediatrician or a psychiatrist.

[15] Must request a pre-authorization, pharmacists or physicians must contact the Special Authorization Unit at 1-888-822-2884 (1-888-VAC-AUTH). This Unit will be staffed by health care professionals from 8:30 a.m. to 4:30 p.m. (local time) and by an answering service on an extended hours' basis.

[16] For treatment of **children and adolescents** suffering from attention deficit disorder in whom it has not been possible to properly control the symptoms of the disease with methylphenidate and an amphetamine or for whom these drugs are contraindicated. Before it can be concluded that these drugs are ineffective, they must have been titrated at optimal doses and, in addition, a 12-hour controlled-release form of methylphenidate or a form of amphetamine mixed salts or lisdexamfetamine must have been tried, unless there is proper justification for not complying with these requirements. Completion of request form: http://www.ramq.gouv.qc.ca/SiteCollectionDocuments/professionnels/formulaires/3633.pdf

[17] To be used in association with a psychostimulant, for treatment of **children and adolescents** suffering from attention deficit disorder with or without hyperactivity, for whom it has not been possible to properly control the symptoms of the disease with methylphenidate and an amphetamine used as monotherapy. Before it can be concluded that the effectiveness of these drugs is sub optimal, they must have been titrated at optimal doses.

[18] - For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients aged 6 to 17 years who meet the following criteria: i) As adjunctive therapy to psychostimulants; OR ii) As monotherapy in patients who have significant intolerance to psychostimulants AND who have had an inadequate response to either atomoxetine or other nonstimulant alternative(s). LU Authorization Period: 1 year. Health practitioners will be required to use the "reason for use" code 540.

[19] *Prescribed or recommended by a psychiatrist AND adjunct to psychostimulant therapy, if only partial response or unsuccessful trial or intolerance/contraindication to 2 psychostimulant medications titrated at optimal doses without proper control of ADHD symptoms AND unsuccessful trial of atomoxetine or intolerance/contraindication to atomoxetine.