| Brand Name | NB | | NS | | PEI | | NL | | YK | | NIHB | |
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| | Listing Status | Critiera | Listing Status | Critiera | Listing Status | Critiera | Listing Status | Critiera | Listing | Critiera | Listing Status | Critiera |
| **Amphetamine-Based Psychostimulants** | | | | | | | | | | | | |
| **Dexedrine** | Full Benefits | | | Full Benefits | Full Benefits | | Full Benefits | | Restricted | | Full Benefits | |
| **Dexedrine Spansule** | Full Benefits | | | Full Benefits | Full Benefits | | Full Benefits | | Restricted | | Full Benefits | |
| **Adderall XR** | Not Listed | N/A | Not Listed | N/A | Not Listed | N/A | Not Listed | N/A | | | Not Listed | N/A |
| **Vyvanse** | Listed, Special authorization (including 10mg dose) | 10mg, 20mg, 30mg, 40mg, 50mg, 60mg capsules<br>For treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients age 6 to 25 years who:<br>• Demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning;<br>AND<br>• Have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine with unsatisfactory results.<br>Claim Notes:<br>• Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.<br>• The maximum dose reimbursed is 60mg daily. | Listed, Exception staus (including 10mg dose) | 10mg, 20mg, 30mg, 40mg, 50mg, 60mg capsules<br>For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients age 6 to 25 years who:<br>o Demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning; and<br>o Have been tried on methylphenidate (immediate release or long-acting formulation) or dexamphetamine with unsatisfactory results.<br>Notes:<br>• Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD.<br>• The maximum dose reimbursed is 60mg daily of the Specified Drugs Regulation are benefits with no trerapeutic criteria attached to the benefit | Listed | VYVANSE is listed on the Prince Edward Island Family Health Benefit Program, Financial Assistance Drug Program, and Catastrophic Drug Program for the treatment of Attention Deficit Hyperactivity Disorder (ADD) in patients 6 to 25 who: demonstrate significant and problematic disruptive behaviour or who have problems with in attention that interferes with learning; and have been tried on methylphenidate (immediate release or long acting formulation) or dexamphetamine with unsatisfactory results. Requests will be considered from specialists in pediatric psychiatry, paediatricians or general practitioners with expertise in ADHD. The maximum dose reimbursed is 60 mg daily. Concurrent use of long acting formulations of drugs for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) will not be approved. | Not Listed | N/A | | | Listed, limited use benefit ( prior approval is not required) | Limited use benefit (prior approval is not required).<br>The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required.<br>To convert to methylphenidate equivalents, 1 mg of METHYLPHENIDATE, or LISDEXAMFETAMINE is equal to 0.5 mg DEXTROAMPHETAMINE |
| **Methyphenidate-Based Psychostimulants** | | | | | | | | | | | | |
| **Generic Ritalin** | Full Benefits | | Full Benefits | | Full Benefits | | Full Benefits | | Restricted | | Full Benefits | |
| **Generic Ritalin SR** | Full Benefits | | Full Benefits | | Full Benefits | | Full Benefits | | Restricted | | Full Benefits | |
| **Biphentin** | Special authorization | 6-25yrs with aDHD and fail/intolerance to IR or SR MPH | Exception Status Drug | 6-25yrs with aDHD and fail/intolerance to IR or SR MPH | Special authorization | 6-25yrs with aDHD and fail/intolerance to IR or SR MPH | Special authorization | 6-25yrs with aDHD and fail/intolerance to IR or SR MPH | | | Not Listed | N/A |
| **Concerta** | Special Authorization Benefit | For the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children aged 6 to 25 years who demonstrate significant symptoms and who have tried immediate release or slow release methylphenidate with unsatisfactory results.<br>Claim Note:<br>Requests will be considered from specialists in pediatric psychiatry, pediatricians or general practitioners with expertise in ADHD. | Exception Status Drug | For patients 6-25 years of age 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:<br>• patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning AND<br>• prescribed by or in consultation with a specialist in pediatric psychiatry, pediatrics, general practitioners or other prescribers with expertise in ADHD AND<br>• have been tried on immediate release or slow release methylphenidate with unsatisfactory result | Special authorization | For the treatment of children age 6 to 25 years of age diagnosed with ADHD, who require 12 hours of continuous drug coverage due to academic and psycho-social need and who meet the following:<br>Demonstrate significant and problematic disruptive behaviour<br>OR<br>have problems with inattention that interferes with learning;<br>AND<br>Have been tried on methylphenidate (Ritalin) immediate or sustained-release tablets with unsatisfactory results.<br>Must be prescribed or recommended by a pediatrician, psychiatrist, or general practitioner with expertise in the treatment of ADHD. | Special authorization | In patients age 6-25 years of age, 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:<br>• Patients who demonstrate significant and problematic disruptive behaviour or who have problems with inattention that interfere with learning,<br>AND<br>• Prescribed by or in consultation with a specialist in pediatric psychiatry, pediatric or a general practitioner with expertise in ADHD,<br>AND<br>• Have been tried on immediate release (IR-MPH) OR slow release (SR-MPH) methylphenidate with unsatisfactory results.<br>Please note: Reimbursement will not be considered for Biphentin and/or Concerta concurrently with Ritalin IR or SR formulations and generics or Dexedrine. | Exception Drug Status | Treatment of psychiatric disorder on recommendation of Psychiatrist or Pediatrician after a trial of short-acting formulations. Specialist consult to be provided | Limited Use | The NIHB Program introduced a dose coverage limit for stimulants on February 25, 2015 as part of a strategy to deal with the potential misuse and abuse of these medications. The stimulant dose coverage limit is set at 150 mg of methylphenidate equivalents* per day for adults and children. This limit is calculated based on the total dose of all stimulants that patients are receiving from NIHB. The Program will continue to monitor the utilization of stimulants and adjust the eligible dose limit as required. |
| **Generic ER** | Same listing criteria as Concerta | | Same listing criteria as Concerta | | Same listing criteria as Concerta | | Same listing criteria as Concerta | | Same listing criteria as Concerta | | Same listing criteria as Concerta | |
| **Non Psychostimulants - Selective Nopreinephrine Reuptake Inhibitor** | | | | | | | | | | | | |
| **Strattera** | Not Listed | | | Not Listed | Not Listed | | Not Listed | | Restricted | | Not Listed | |
| **Generic** | Not Listed | | | Not Listed | Not Listed | | Not Listed | | Restricted | | Not Listed | |
| **Non Psychostimulant - Selective Alpha Adrenergic Receptor Agonist** | | | | | | | | | | | | |
| **Intuniv** | Not Listed | N/A | Not Listed | N/A | Not Listed | N/A | Not Listed | N/A | | | Not Listed | N/A |