

Stimulant Therapy Coverage for FDA Approved and Compendia Supported Indications

The chart below contains important information regarding stimulant drugs for which the Mississippi Division of Medicaid (DOM) covers. This coverage is based on the Food and Drug Administration's (FDA) approved indications and compendia supported uses.

Generic (Brand) Products	Covered FDA Indications	Covered Compendia Supported Indications
amphetamine (Adzenys, Dyanavel)	ADHD	None
amphetamine sulfate (Evekeo)	ADHD	None
	Narcolepsy	
armodafinil (Nuvigil)	Narcolepsy (Adult)	Bipolar Depression (Adult)
	Obstructive Sleep Apnea (Adult)	
	Shift Work Disorder (Adult)	
amphetamine salt combo (Adderall, Mydayis)	ADHD	None
	Narcolepsy	
dexmethylphenidate (Focalin)	ADHD	None
dextroamphetamine (Dexedrine, Procentra, Zenzedi)	ADHD (Pediatric)	ADHD (Adult)
	Narcolepsy	
lisdexamfetamine (Vyvanse)	ADHD	None
methylphenidate (Cotempla, Daytrana)	ADHD (Pediatric)	None
methylphenidate HCl (Aptensio, Concerta, Metadate, Methylin, Quillichew, Quillivant, Ritalin)	ADHD	None
	Narcolepsy	
methamphetamine (Desoxyn)	ADHD	None
modafinil (Provigil)	Narcolepsy (Adult)	Narcolepsy (Pediatric)
	Obstructive Sleep Apnea (Adult)	ADHD
	Shift Work Disorder (Adult)	Depression (Adult)
		Sleep Deprivation (Adult)
		Steinert Myotonic Dystrophy Syndrome (Adult)

- Micromedex® (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/> (accessed: July 10, 2018).

It is important to note the following:

- Unless otherwise noted, covered indication is for both pediatric and adult
- For Medicaid specific age limits for each agent, refer to the Mississippi Medicaid Universal Preferred Drug List (UPDL) located at <https://medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>.
- Compendia supported indications presented are based on Micromedex recommendations with "Strength of Recommendation" rating of at least IIB and "Efficacy" rating of at least IIA considered a "Medically-Accepted Indication".

ICD-10 codes used in the electronic prior authorization process are listed on the back of this page.

ADHD

ICD10	Diagnosis
F900	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE
F901	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE
F902	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE
F908	ATTN-DEFICIT HYPERACTIVITY D/O OTHER TYPE
F909	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE

Bipolar Depression

ICD10	Diagnosis
F313	BIPOLAR D/O CURRNT DEPRESSED MILD/MOD SE
F3130	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVE
F3131	BIPOLAR D/O CURRENT EPISODE DEPRESSED MI
F3132	BIPOLAR D/O CURRENT EPISODE DEPRESSED MO
F314	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYC
F315	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH
F3175	BIPOLAR DISORDER PARTIAL REMISSION MRE D
F3176	BIPOLAR DISORDER FULL REMISSION MRE DEPR

Depression

ICD10	Diagnosis
F330	MAJOR DEPRESSIVE DISORDER RECURRENT MILD
F331	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE
F332	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES
F333	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS
F3340	MAJOR DEPRESSIVE D/O RECURRENT REMISSION UNS
F3341	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION
F3342	MAJOR DEPRESSIVE D/O RECURRENT FULL REMISSION
F339	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED

Narcolepsy

ICD10	Diagnosis
G47411	NARCOLEPSY WITH CATAPLEXY
G47419	NARCOLEPSY WITHOUT CATAPLEXY
G47421	NARCOLEPSY IN COND CLASS ELSEWHERE W/CATAPLEXY
G47429	NARCOLEPSY IN COND CLASS ELSEWHERE W/O CATAPLEXY

Obstructive Sleep Apnea

ICD10	Diagnosis
G4730	SLEEP APNEA UNSPECIFIED
G4733	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC

Shift Work Sleep Disorder

ICD10	Diagnosis
G4726	CIRCADIAN RHYTHM SLEEP DISORDER SHIFT WORK TYPE

Sleep Deprivation

ICD10	Diagnosis
Z72820	SLEEP DEPRIVATION

Steinert Myotonic Dystrophy Syndrome

ICD10	Diagnosis
G7111	MYOTONIC MUSCULAR DYSTROPHY