PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

QELBREE
(viloxazine extended-release)

Status: CVS Caremark Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Qelbree is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in pediatric patients 6 to 17 years of age.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for Attention-Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) in a patient 6 to 17 years of age

AND

- The patient will be monitored closely for suicidal thinking or behavior, clinical worsening, and unusual changes in behavior

AND

- The patient has experienced an inadequate response to Strattera (atomoxetine)
  OR
- The patient has experienced an intolerance to Strattera (atomoxetine)
  OR
- The patient has a contraindication that would prohibit a trial of Strattera (atomoxetine)
  OR
- The patient has difficulty swallowing oral capsules

REFERENCES

1. Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc.; April 2021.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed April 5, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed April 5, 2021.
4. Wolraich ML, Hagan JF, Allan C, et al. AAP Subcommittee On Children And Adolescents With Attention-Deficit/Hyperactive Disorder. Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Pediatrics. 2019;144(4):e20192528