BlueCross BlueShield
Federal Employee Program

QELBREE
(viloxazine extended-release capsules)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

Attention Deficit Hyperactivity Disorder (ADHD)

AND ALL of the following:

a. Patient has had an inadequate treatment response, intolerance, or contraindication to at least **ONE** of the following:
   i. Guanfacine extended-release
   ii. Atomoxetine
   iii. Clonidine extended-release
b. Prescriber agrees to monitor the patient for clinical worsening or for emergence of suicidal thoughts and behaviors
c. Prescriber agrees to monitor heart rate, blood pressure, and cardiac risk factors every 3 months during therapy and agrees to discontinue therapy if there is a clinical contraindication
d. **NO** concomitant use of a MAOI (monoamine oxidase inhibitor) (must be >14 days post discontinuing therapy) (e.g., isocarboxazid, rasagiline, selegiline)
e. **NO** concomitant use of sensitive CYP1A2 substrates or CYP1A2 substrates with a narrow therapeutic range (e.g., alosetron, duloxetine, theophylline)

Prior - Approval Limits

Quantity

Strength	Daily Dosing Limits
Qelbree 100 mg	**Age 6-17:** 400 mg per day **Age 18+:** 600 mg per day
Qelbree 150 mg	
Qelbree 200 mg	

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QELBREE
(viloxazine extended-release capsules)

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 6 years of age or older

Diagnosis

Patient must have the following:

Attention Deficit Hyperactivity Disorder (ADHD)

AND ALL of the following:

a. Prescriber agrees to monitor the patient for clinical worsening or for emergence of suicidal thoughts and behaviors
b. Prescriber agrees to monitor heart rate, blood pressure, and cardiac risk factors every 3 months during therapy and agrees to discontinue therapy if there is a clinical contraindication
c. **NO** concomitant use of a MAOI (monoamine oxidase inhibitor) (must be >14 days post discontinuing therapy) (e.g., isocarboxazid, rasagiline, selegiline)
d. **NO** concomitant use of sensitive CYP1A2 substrates or CYP1A2 substrates with a narrow therapeutic range (e.g., alosetron, duloxetine, theophylline)

Prior - Approval *Renewal* Limits

Same as above