Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Viloxazine (Qelbree)

Notes:

^ Atomoxetine should be titrated to effect. Use the 10, 18 or 25 mg strengths for titration.

<u>Initiation (new start) criteria</u>: Non-formulary **viloxazine (Qelbree)** will be covered on the prescription drug benefit when the following criteria are met:

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- Diagnosis of ADHD or ADD
- Patient is age 6 or older
- Patient has failed an adequate[^] trial of formulary atomoxetine unless contraindication, intolerance, or allergy

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-formulary viloxazine
(Qelbree) will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of ADHD or ADD
- Patient is age 6 or older
- Patient has failed an adequate[^] trial of formulary atomoxetine unless contraindication, intolerance, or allergy

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