



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria  
Qelbree® (vioxazine)

**Review Criteria**

Member must meet all the following criteria:

**Initial Authorization:**

- Subject to Preferred Drug List (PDL) requirements
- Member must be at least 6 years of age or older.
- Member must have a diagnosis of attention-deficit/hyperactivity disorder (ADHD).
- Member must have had an appropriate trial (minimum of 8 weeks of therapy at maximum tolerated dose) and an inadequate response or contraindication to atomoxetine **AND** either clonidine extended release (ER) or guanfacine ER.
- Initial authorization will be approved for 2 months.

**Renewal Authorization:**

- Prescriber must attest the member has had a positive clinical response to therapy, over baseline, at 2 months.
- Renewal authorization will be approved for 1 year.

**Limitations**

- Pediatric patients 6 to 17 years of age: Maximum daily dose is 400mg once daily.
- Adult patients: Maximum daily dose is 600mg once daily.

*Note: Dose optimization (consolidating a medication regimen into fewer units without a change in the total dose) is required after the initial titration period.*