

## viloxazine ER (QELBREE)

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| <b>Diagnoses Considered for Coverage:</b>   |
| <ul style="list-style-type: none"><li>• Attention Deficit Hyperactivity Disorder (ADHD)</li></ul>   |
| <b>Coverage Criteria:</b>   |
| <b>For diagnosis of ADHD:</b> <ul style="list-style-type: none"><li>• Dose does not exceed FDA label maximum, <b>and</b></li><li>• One of the following:<ul style="list-style-type: none"><li>a. Inadequate response, intolerable side effect, or contraindication to a preferred stimulant from the methylphenidate or amphetamine class, <b>or</b></li><li>b. Inadequate response, intolerable side effect, or contraindication to a preferred non-stimulant ADHD drug.</li></ul></li></ul> |
| <b>Coverage Duration:</b> one year  |






Effective Date: 3/1/2023