



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Alex J. Mayer
Cabinet Secretary

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Commissioner

**Office of Pharmacy Services
Prior Authorization Criteria
Qelbree® (viloxazine)
Effective 10/22/2025**

Prior Authorization Request Form

Qelbree (Viloxazine) is a selective norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in adults and pediatric patients six years of age and older.

CRITERIA FOR APPROVAL:

1. Patient has a diagnosis of ADHD; **AND**
2. Patient is within the age range as recommended by the FDA label; **AND**
3. Patient must have been trialed on maximally tolerated doses of atomoxetine for 30 days and experienced inadequate response or therapeutic failure (unless contraindicated) OR Documentation that supports the inability to swallow capsules must be provided (chart notes AND current pharmacy claims must reflect the usage of only non-solid or crushable dosage forms); **AND**
4. Patient must have been trialed on one preferred stimulant for 30 days and experienced inadequate response or therapeutic failure (unless contraindicated) **or** patient has a history of illicit substance use **or** household members with a history of illicit substance use **or** there is concern about abuse or diversion.

Approval Duration:

Initial approval will be for 6 months.

Criteria for reauthorization:

1. Demonstrate continued documented compliance; **AND**
2. Documentation of positive clinical response to Qelbree.

Continuation of therapy will be granted for 12 months.

References:

1. Qelbree Package Insert (10/2025)
2. LexiComp monograph on Qelbree (reviewed 9/2021)
3. UpToDate article: Pharmacology of drugs used to treat attention deficit hyperactivity disorder in children and adolescents (reviewed 9/2021)



NOTE: "The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization."

