Kapvay® (clonidine extended-release)
Effective 04/17/19

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
N/A

Coverage Guidelines
Authorization may be granted when the following criteria are met:

1. Member has a diagnosis of attention deficit hyperactivity disorder (ADHD) or autism spectrum disorder (ASD) **AND**
2. Member is at least 6 years of age **AND**
3. Prescriber has provided documentation of an inadequate response, adverse reaction, or contraindication to a trial of immediate-release clonidine **AND**
4. Prescriber has provided documentation of one of each other the following:
    a. An inadequate response to a trial of ONE methylphenidate product **AND** ONE amphetamine product (short or long acting formulations are acceptable)
    b. An adverse reaction to ONE stimulant which would be expected of either class
    c. A contraindication to stimulants

Additional criteria may apply for members under the age of 18. Please refer to the MassHealth Pediatric Behavioral Health Medication Initiative guideline for criteria.

Stimulants may induce a mixed/manic episode in members who have **bipolar disorder**. Prior authorizations that state that stimulants are contraindicated or that they would like to bypass the stimulant trials due to bipolar disorder must still document a failed trial with the immediate-release formulation.

Continuation of Therapy

Reauthorization requires physician documentation indicating a positive response to therapy.

Limitations

1. Approvals will be granted for 12 months.
2. A quantity limit of 120 tablets per 30 days applies.

Appendix:

Adverse reactions/contraindications to stimulants include but are not limited to weight loss or failure to gain weight, insomnia, agitation, increased anger and aggression, tic disorder, seizures w/ ADHD, traumatic brain injury w/ ADHD (trial of **both** a methylphenidate product and amphetamine product is required for approval), symptomatic heart disease in children (tachycardia or hypertension), symptomatic heart disease in adults (there should be at least 1 failed trial of another non-stimulant medication that may be used for ADHD such as bupropion.)

References

1. Kapvay (clonidine) [package insert] Atlanta, GA; Shionogi Pharma, Inc. 2010.

Review History

03/01/18 – Effective (adopted MH RS)
04/17/19 – Reviewed in P&T Meeting

Disclaimer

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