

| Division: Pharmacy Policy                           | Subject: Prior Authorization Criteria |
|---|---------------------------------------|
| Original Development Date: Original Effective Date: | March 21, 2011                        |
| Revision Date:                                      | May 07, 2012, November 18, 2015       |

# KAPVAY® (clonidine hydrochloride) extended-release tablets

#### LENGTH OF AUTHORIZATION:

- INITIAL THERAPY UP TO THREE MONTHS
- CONTINUATION OF THERAPY UP TO SIX MONTHS

#### **REVIEW CRITERIA:**

- Patient must be  $\geq 6$  years old
- Must have a diagnosis of attention deficit hyperactivity disorder **AND**
- Minimum trial of one month of a methylphenidate (i.e. Daytrana, Focalin XR, Metadate) and amphetamine (i.e. Vyvanse, dextroamphetamine . . .) product. (If stimulant therapy contraindicated no methylphenidate or amphetamine trial required.) AND
- Minimum trial of one month of guanfacine, extended release tablet.

#### **DOSING:**

- Dosing should be initiated with one 0.1 mg tablet at bedtime, and the daily dosage should be adjusted in increments of 0.1 mg/day at weekly intervals until the desired response is achieved. Doses should be taken twice a day, with either an equal or higher split dosage being given at bedtime, as depicted below
- ➤ Do not substitute for other Clonidine products on a mg-per-mg basis, due to differing pharmacokinetic profiles.
- ➤ When discontinuing, taper the dose in decrements of no more than 0.1mg every 3 to 7 days.
- ➤ Not to be taken concomitantly with any other clonidine products.



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### > Maximum Dosage Limits:

### •Adults

2.4 mg/day PO immediate-release tablets

#### •Geriatric

2.4 mg/day PO immediate-release tablets

## •Adolescents

0.4 mg/day PO Kapvay extended-release tablets

### •Children

>= 6 years: 0.4 mg/day PO Kapvay extended-release tablets < 6 years: Safety and efficacy have not been established.