



**Independence
Blue Cross**

Policy Title Clonidine (Kapvay) extended release

Policy Number FS.CLIN.112

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification and age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy Clonidine (Kapvay) is indicated for the treatment of attention deficit hyperactivity disorder (ADHD) as monotherapy or as adjunctive therapy to stimulant medications.

The use of Clonidine (Kapvay) requires prior authorization (i.e., clinical pharmacy and/or medical director review).

Policy description Clonidine (Kapvay) stimulates alpha adrenergic receptors in the brain. Clonidine is not a central nervous system stimulant and the mechanism of action of clonidine in ADHD is not known.

Policy guideline inclusion Clonidine (Kapvay) is approved when there is documentation of a diagnosis of ADHD and one of the following inclusion criteria is met:

- Documentation of a trial and failure or contraindication/intolerance/allergy to any two of the following medications:
 - A methylphenidate containing product
 - A mixed amphetamine salts containing product (e.g., amphetamine-dextroamphetamine [Adderall or Adderall XR])
 - Atomoxetine hydrochloride (Strattera®)
 - A dextroamphetamine containing product
 - Methamphetamine hydrochloride (Desoxyn®)
 - A dexmethylphenidate containing product
- Documentation of a history of or a potential for drug abuse among the individual or a member of the individual's household

Policy guideline exclusion Clonidine (Kapvay) is denied when both of the following exclusion criteria are present:

- No documentation of ADHD and a trial and failure or contraindication/intolerance/allergy to any two of the following medications:
 - A methylphenidate containing product
 - A mixed amphetamine salts containing product (e.g., amphetamine-dextroamphetamine [Adderall or Adderall XR])
 - Atomoxetine hydrochloride (Strattera®)

- A dextroamphetamine containing product
- Methamphetamine hydrochloride (Desoxyn®)
- A dexmethylphenidate containing product
- No documentation of a diagnosis of ADHD and a history of or a potential for drug abuse among the individual or a member of the individual's household

Policy List of Applicable Drugs

Brand Name	Generic Name
Kapvay	Clonidine

Dosing and administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy references

Facts and comparisons website [Kapvay]. Available at www.factsandcomparisons.com. Accessed May 17, 2011.

Kapvay [package insert]. Atlanta, GA. Shionogi Pharma, Inc. 2010.

Policy link to related policies

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