



Prior Authorization Approval Criteria

Intuniv (guanfacine extended release)

Generic name:	guanfacine extended release
Brand name:	Intuniv
Medication class:	antiadrenergic agent, centrally acting
FDA-approved uses:	Treatment of Attention Deficit Hyperactivity Disorder (ADHD)
Available dosage forms:	1mg, 2mg, 3mg and 4mg extended release tablets
Usual dose:	1-4 mg once daily
Approximate monthly cost: (based on AWP 2010)	\$165.00/month for all strengths for 30 pills/month.
Duration of therapy:	Indefinite

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
 - Must be 6 years of age or older.
 - Must have tried and failed immediate release guanfacine.
 - Must have tried the following stimulants:
 - Must have tried and failed or intolerant to a long acting methylphenidate.
 - Must have tried and failed or intolerant to a long acting mixed amphetamine salt.
- Or
- Patient has any contraindications to the use of stimulants such as tics, sleep problems, history of substance abuse and/or aggression.

Contraindication:

- Patients with hypersensitivity to guanfacine extended release, any of the inactive ingredients, or other products containing guanfacine.

Not approved if:

- Patient does not meet the above stated criteria
- Patient has any contraindications to the use of Intuniv.

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 03/10/10