

SmartPA Criteria Proposal

Drug/Drug Class:	Sympatholytic Agents PDL Edit
First Implementation Date:	January 5, 2017
Proposed Date:	September 16, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: The sympatholytic agents are indicated for various functions for example, treatment of hypertension, anxiety, panic disorder, post traumatic stress disorder and withdrawal symptoms from opioids. The oral, centrally-acting, alpha-2 adrenergic receptor agonists include clonidine and guanfacine. Methyldopa continues to be used to treat hypertension in pregnant women. A diuretic, usually hydrochlorothiazide or chlorthalidone may be combined with clonidine or methyldopa. The sympatholytics are typically part of a multiple antihypertensive drug regimen for participants who have not reached their target blood pressure. Clonidine is also available in a transdermal formulation for the treatment of hypertension.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> Catapres-TTS® Patch Clonidine Tabs Guanfacine Methyldopa 	<ul style="list-style-type: none"> Catapres® Tabs Clonidine Patch Lucemyra® Methyldopa/HCTZ

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Sympatholytic Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents:
 - Documented trial period for preferred agents **OR**
 - Documented ADE/ADR to preferred agents
- For Lucemyra:
 - Documented diagnosis of opioid withdrawal **AND**
 - Documented trial period of clonidine oral OR patch

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:

MedWatch Form:

Progress Notes:

Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: "Sympatholytic Antihypertensive Agents – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; July 2021.
2. Evidence-Based Medicine Analysis: "Sympatholytic Antihypertensives", UMKC-DIC; July 2021.
3. USPDI, Micromedex; 2021.
4. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.