



Missouri Pharmacy Program – Preferred Drug List



Sympatholytic Agents

Effective 01/10/2019

Preferred Agents

- Catapres-TTS® Patch
- Clonidine (oral)
- Guanfacine (oral)
- Methyldopa (oral)

Non-Preferred Agents

- Catapres® Tablets
- Clonidine Transdermal (patch)
- Clorpres® (discontinued)
- Lucemyra®
- Methyldopa-HCTZ (oral)

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030