Missouri Pharmacy Program – Preferred Drug List

Sympatholytic Agents

Effective 01/05/2017
Revised 01/09/2020

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Catapres-TTS® Patch</td>
<td>• Catapres® Tabs</td>
</tr>
<tr>
<td>• Clonidine</td>
<td>• Clonidine Transdermal</td>
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<tr>
<td>• Guanfacine</td>
<td>• Lucemyra</td>
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<tr>
<td>• Methyldopa</td>
<td>• Methyldopa/Hydrochlorothiazide</td>
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</tbody>
</table>

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 OR
- 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 no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030