



## Missouri Pharmacy Program – Preferred Drug List



### Sympatholytic Agents

Effective 01/05/2017

Revised 08/29/2019

#### Preferred Agents

- Catapres-TTS® Patch
- Clonidine
- Guanfacine
- Methyldopa

#### Non-Preferred Agents

- Catapres® Tabs
- Clonidine Transdermal
- Lucemyra®
- Methyldopa-HCT

### 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
- **For Lucemyra only:**
  - **Documented diagnosis of opioid withdrawal**
  - **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