SmartPA Criteria Proposal

Drug/Drug Class:	Sympatholytics PDL Edit
First Implementation Date:	January 5, 2017
Revised Date:	July 8, 2022
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐ Existing Criteria ☒ Revision of Existing Criteria ☐ 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
• **Clonidine Patch**	• Catapres® Tabs
• Clonidine Tabs	• **Catapres-TTS® Patch**
• Guanfacine	• Lucemyra®
• Methyldopa	• Methyldopa/HCTZ

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

Data Sources:
☐ **Only Administrative Databases**
☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Sympatholytics
- 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:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

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

Default Approval Period

1 year

References

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