

# Lofexidine

**Goal(s):**

- Encourage use of substance use disorder medications on the Preferred Drug List.
- Restrict use of lofexidine under this PA to ensure medically appropriate use of lofexidine based on FDA-approved indications.

**Length of Authorization:**

- Up to 14 days

**Requires PA:**

- Lofexidine 0.18mg tablets

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA approved indication? (Mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults)	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; medical appropriateness
3. Will the prescriber consider a change to a preferred product?  Message: <ul style="list-style-type: none"> <li>• Preferred products do not require a PA. Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy &amp; Therapeutics Committee.</li> </ul>	<b>Yes:</b> Inform prescriber of covered alternatives in class.	<b>No:</b> Approve for up to 14 days of total therapy.  Note: FDA approved indication is for up to 14 days of therapy AND Notify prescriber concomitant naloxone is recommended if not present in claims history.

*P&T/DUR Review: 12/20 (DM); 11/19; 1/19*

*Implementation: 3/1/19*