

Lucemyra (lofexidine)
Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029	
Exceptions	N/A			

Overview

Lucemyra (lofexidine) is a central alpha-2 adrenergic agonist used to mitigate opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults.

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Medication is being used to facilitate abrupt opioid discontinuation
2. Member is at least 18 years of age
3. Member has had an adverse reaction or inadequate response or a contraindication to oral clonidine
4. Opioid medications have been discontinued
5. Requested duration of therapy is 14 days or less

Continuation of Therapy

Reauthorization may be granted intervals when all the following criteria have been met:

1. Physician assessment is provided documenting member's clinical response
2. Member has not filled opioid medications
3. Physician is titrating dose down based on member's response.

Limitations

1. Approvals will be granted for 14 days
2. The following quantity limits apply:

Lucemyra	0.72mg (4x0.18mg tablets) four times a day If Lucemyra was initiated in an inpatient setting, the total course of therapy should not exceed 14 days.
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References

1. Lucemyra (lofexidine) [prescribing information]. Louisville, KY: US WorldMeds, LLC; September 2020
2. Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) National Practice Guideline for the use of medications in the treatment of addiction involving opioid use. *J Addict Med*. 2015;9(5):358-367. doi: 10.1097/ADM.0000000000000166
3. Akhurst JS. Lofexidine in opiate withdrawal: a safety and usage survey. *Pharmacoepidemiol Drug Saf*. 2000;9(1):43-47
4. Catapres (clonidine hydrochloride) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals; August 2016
5. Sevarino K. Medically supervised opioid withdrawal during treatment for addiction. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. <http://www.uptodate.com>. Accessed December 21, 2017
6. Gowing L, Farrell M, Ali R, White JM. Alpha₂-adrenergic agonists for the management of opioid withdrawal. *Cochrane Database Syst Rev*. 2016;3(5):CD002024. doi: 10.1002/14651858

Review History

04/17/18 – Reviewed

08/01/19 – Implemented

09/22/2021- Reviewed Sept P&T; references updated no clinical changes.

11/15/2023 – Reviewed and updated for Nov P&T; added started and stabilized statement. Effective 1/1/24

