Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: **Lucemyra (lofexidine)**
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: **August 2018**

Last P & T Committee Approval Date: August 2018

Product Applicability:

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Lucemyra (lofexidine).

Lucemyra (lofexidine) is indicated for mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults.

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Lucemyra (Lofexidine), is subject to the prior authorization process.

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PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective diagnosis:

Mitigation of Opioid Withdrawal Symptoms:

- Must be 18 years of age or older.
- Must have chart documentation of physical dependence to short acting opioids (e.g. heroin, hydrocodone, oxycodone).
- Must have a previous trial and failure of therapy with clonidine unless intolerant or contraindicated.
- Must have documentation of recent positive urine drug screen for opioid use.
- Must have documentation that Lucemyra is being used in conjunction with a comprehensive management program for the treatment of opioid use disorder.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	14 days
Reauthorization	N/A
Quantity Level Limit	
Lucemyra	168 tablets for 14 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES:

1. Lucemyra [Prescribing Information]. Louisville, KY: US WorldMeds, LLC; 2018.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
New Policy	*08/18*