# Clinical Policy: Lofexidine (Lucemyra)

Reference Number: IN.CP.PMN.279
Effective Date: 06.20.23
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Line of Business: Medicaid

**Description**
Lofexidine (Lucemyra™) is a central alpha-2 adrenergic agonist.

**FDA Approved Indication(s)**
Lucemyra is indicated for mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults.

**Policy/Criteria**
*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of health plans affiliated with Centene Corporation® that Lucemyra is **medically necessary** when the following criteria are met:

APPROVAL DURATION
• Approvals will be granted for up to 14 days of therapy for 1 treatment course per 180 days

**Opioid Withdrawal**
Initial Authorization
- Must meet all of the following:
  - One of the following:
    - Previous trial and failure of a guideline-accepted alpha-2 adrenergic agonist agent, **confirmed by claims history or chart documentation**
    - Medical rationale for use of lofexidine over other guideline-accepted alpha-2 adrenergic agonist agents
  - Both of the following:
    - Requested quantity does not exceed 2.88 mg/day
    - Must use within the **plan limitation maximum** of 7-day supply with a subsequent claim(s) not to exceed 7-day supply (for a total of 14 days of therapy) every 180 days

Reauthorization
- Must meet all of the following:
    - Must provide medical rationale for continued use of Lucemyra (lofexidine) beyond the initial approved timeframe
  - Both of the following:
    - Requested quantity does not exceed 2.88 mg/day

- Must use within the **plan limitation maximum** of 7-day supply with a subsequent claim(s) not to exceed 7-day supply (for a total of 14 days of therapy) every 180 days

| Reviews, Revisions, and Approvals | Date |
|---|---|
| Policy created to match Indiana Medicaid Fee for Service | 06.20.23 |