

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 2156-7
Program	Prior Authorization/Medical Necessity
Medication	Lucemyra® (lofexidine)
P&T Approval Date	11/2018, 11/2019, 1/2021, 2/2022, 2/2023, 2/2024, 4/2025
Effective Date	7/1/2025

1. Background:

Lucemyra is a central alpha-2 adrenergic agonist indicated for mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults.

2. Coverage Criteria^a:**A. Lucemyra will be approved based on the following criteria:**1. **All** of the following:

- a. For symptoms of abrupt opioid withdrawal.^b

-AND-

- b. Opioids have been discontinued.^b

-AND-

c. **One** of the following:

- (1) History of failure, contraindication, or intolerance to clonidine.

-OR-

- (2) Lucemyra was initiated in the inpatient setting.

Authorization will be issued for 14 days of therapy. If Lucemyra was initiated in the inpatient setting, the total course of therapy should not exceed 14 days.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

^b Plans situated in Nevada are not subject to clinical criteria. Only step therapy may be required.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

- Supply limits may also apply.

4. References:

1. Lucemyra [prescribing information]. Louisville, KY: WorldMeds, LLC; October 2023.
Gowing L, Farrell M, Ali R, White J. Alpha2-adrenergic agonists for the management of opioid withdrawal. Cochrane Database of Systemic Reviews 2016, Issue 5.

Program	Prior Authorization/Medical Necessity – Lucemyra
Change Control	
Date	Change
11/2018	New program.
11/2019	Annual review. No changes to criteria.
1/2021	Annual review. No changes to criteria.
2/2022	Annual review. Updated references.
2/2023	Annual review. No changes.
2/2024	Annual review. Nevada footnote added. Updated references.
4/2025	Annual review with no changes.