Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

ONYDA™ XR (*clonidine hydrochloride*) PA CRITERIA:

ONYDA™ XR (clonidine HCl) is a centrally acting alpha$_2$-adrenergic agonist indicated for the treatment of attention deficit hyperactivity disorder (ADHD) as monotherapy or as adjunctive therapy to central nervous system (CNS) stimulant medications in pediatric patients 6 years of age and older.

Prior authorization is required for ONYDA™ XR (clonidine HCl). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Initial Authorization: 1 Year

1. The patient must meet the minimum age requirements recommended by the package insert for FDA approved indication; **AND**
2. The patient has a diagnosis of ADHD; **AND**
3. The patient has a documented clinical rationale from the prescriber on why stimulants could not be utilized; **AND**
4. The patient has a documented inadequate response, contraindication, or intolerance to all preferred non-stimulants; **AND**
5. Prescribed dose does not exceed 0.4mg (4mL) per day.

Re-Authorization: 1 Year

1. Patient continues to meet initial authorization criteria; **AND**
2. Prescribed dose does not exceed 0.4mg (4mL) per day; **AND**
3. Positive clinical response to ONYDA™ XR therapy.

ONYDA™ XR (clonidine HCl) Dosing:

- The recommended starting dosage of ONYDA™ XR is 0.1 mg at bedtime. Dosage may be increased in increments of 0.1 mg per day at weekly intervals depending on clinical response up to the maximum recommended dosage of 0.4 mg daily at bedtime.

Formulation: ONYDA™ XR is available as 0.1 mg/mL extended-release oral suspension.