MISCELLANEOUS AGENTS - ALPHA-AGONISTS

Documentation Required

A. FDA Approved Indications

- **ADHD (Clonidine, Guanfacine)**

Documentation Required

B. Non-FDA approved, commonly used psychiatric indications

1. Alcohol and opiate dependence
2. Opioid withdrawal
3. Anxiety disorders
4. Attention deficit hyperactivity disorder
5. Autism
6. Conduct disorder with & without ADHD
7. PTSD
8. Sleep disorders
9. Social phobia
10. Tic disorders

Documentation Required

C. Minimal documentation

1. All standard outpatient & inpatient requirements

Documentation Required

D. Maximum Dosage – see Medication Summary for MDD

Documentation Required

E. Duration

More than 2 changes for outpatient or 3 changes for inpatient in any 7 day period

Documentation Required

F. Polypharmacy

If using >1 agent with the same mechanism of action is necessary, clearly document the necessity for such a regimen. Documentation regarding failed monotherapy must include specifics such as: dosage, duration of therapy and the clinical response

G. Drug Interactions

1. Alpha agonists may potentiate the CNS depressive effects of alcohol, barbiturates, or other sedating drugs

2. Due to a potential for additive effects such as bradycardia and AV block, caution is warranted in patients receiving alpha agonists concomitantly with agents known to affect sinus node function or AV nodal conduction e.g., digitalis, calcium channel blockers and beta-blockers

3. Guanfacine is primarily metabolized by by CYP3A4/5. Co-administration with Strong CYP3A4/5 inducers or inhibitors require dosage adjustment Per PI. Please see package insert for dosage adjustment with concomitant use of strong CYP3A4 Inhibitors or Inducers.

Document Assessment of Following:

G. Serious adverse effects

1. Severe Hypotension/Orthostasis
2. Cardiac arrhythmia, AV block, Bradycardia (Clonidine, Guanfacine ER)
3. Syncope
4. Depression (clonidine)
5. Angioedema (Clonidine)
6. Withdrawal sx if abrupt D/C
7. Rebound HTN if abrupt D/C

Documentation Required

H. Standard laboratory and examination requirements

1. For inpatients: Basic laboratory studies on admission
2. For outpatient:
   - Blood pressure and pulse prior to initiating an alpha agonist medication and within one month after its use or after any increase in dosage

Documentation

I. Conntraindications

1. Hypersensitivity

J. Precautions

1. Concomitant treatment with a hypertensive agents or agents known to decrease BP & HR
2. Concomitant use with other sedating agents
3. Cerebrovascular disease
4. Recent MI
5. Renal failure
6. Abrupt discontinuation: may result in rebound hypertension.

7. Alpha agonist medications should not be stopped abruptly due to withdrawal reactions. If prescribed for less than one month, decrease Clonidine by 0.05 mg/day. If prescribed for one month or longer, decrease Clonidine by 0.05 mg q 3 days. Guanfacine dosage should also be reduced slowly. Abrupt discontinuation may result in rebound hypertension, Guanfacine is recommended to taper in decrements of no more than 1mg every 3 to 7 days.

8. Additional precautions for specific agents:

1. Clonidine
-Conduction disturbances
-Hemodynamic instability
-Obstetric, post-partum, or perioperative pain

2. Guanfacine
-Liver disease
-Severe coronary insufficiency
-Sedation
- If switching from immediate-release guanfacine, discontinue that treatment, and titrate with INTUNIV RX following package insert's dosing recommendation. Do not substitute for immediate-release guanfacine tablets on a mg per mg basis, because of differing pharmacokinetic profiles. See package insert for details**.**

Attachments:

Table 1: Maximum Daily Dosing
Table 2: Use in Pregnancy and during Breastfeeding

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Table 1: Maximum Daily dose for Alpha Agonists

Generic Name	Brand Name	Adults	Adolescents & Children
Clonidine	Catapres	.6 mg	.2 mg
Guanfacine	Tenex	3 mg	2 mg (27-40.5kg) 3mg (40.5-45kg) 4mg>45kg

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Table 2: Use in Pregnancy and during Breast feeding

	Use During Pregnancy	**Breastfeeding Category**
Clonidine	Caution advised during pregnancy; risk of teratogenicity not expected, though possible risk of decreased birth wgt based on limited human data; risk of embryo-fetal death based on animal studies.	Consider alternative treatments while breasfeeding; inadequate human data available to assess risk of infant harm or effect on mild production.
Guanfacine	There are no adequate and well-controlled studies in pregnant women. No fetal harm was observed in rates & rabbits at 4 and 6 times the max. human dose. Guanfacine should be used during pregnancy only if clearly needed.	Not known whether Guanfacine is excreted in human milk; however, it is excreted in rat milk. Caution should be exercised when it is administered to a nursing woman. Observe human milk-fed infants for sedation and somnolence.

References: Prescribing Information (PI), Micromedex, Epocrates
Refer to Pregnancy and Drug Dilemma in Appendix for definition of Pregnancy Category